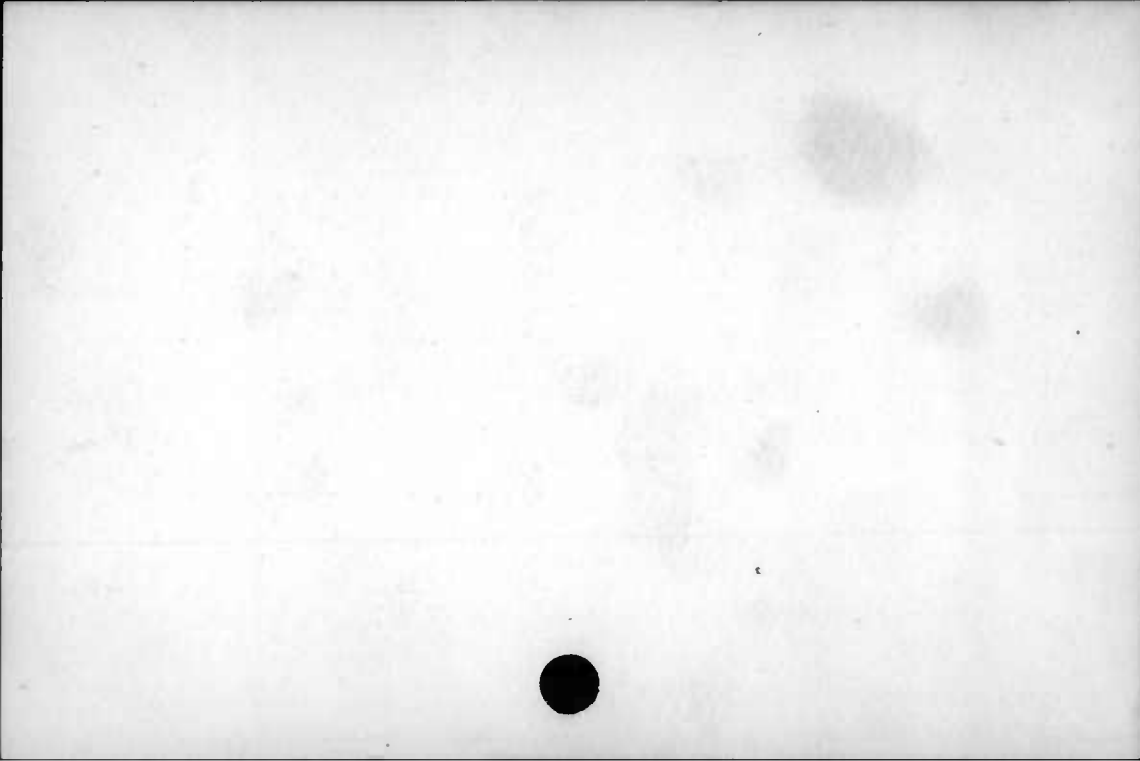
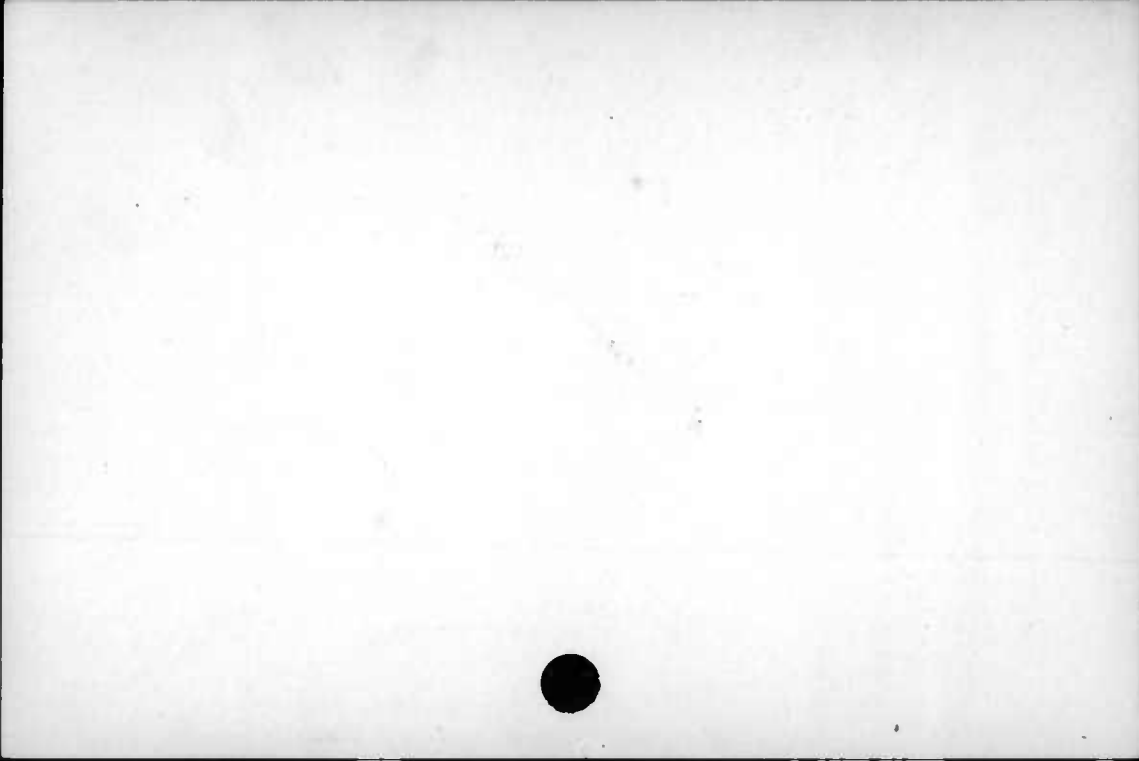


Name in Full		CERTIFICATE OF DEATH			
Harry Andrews		Town Cambridge		County Worcester	
Died at		Date of death		MAYLAND	
1907		Sept 5		Age 7 Years 9 Months	
Sex Male		Color or Race White		Birth-place Maryland	
Occupation Boy		Where Residing if not at place of death		Cambridge Md	
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name		Mother's Maiden Name		Father's Birthplace Md	
Symon Andrews		Georgie Newbroke		Md	
Name of person giving information		How related to deceased		Uncle	
W. E. Andrews					
CAUSES OF DEATH					
Primary		How long		3 weeks	
Typhoid fever		①			
Immediate		How long			
Anemia					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Leo	
		Address		Morton M. Goldsborough	
Accident or Suicide?					





Name
in
Full

Effie Cephas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Houlston</i> Town		<i>Houlston</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Sept</i>	Day <i>13</i>	Age <i>17</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Md</i>			
Occupation <i>House girl</i>	Where Residing <i>at</i> place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Stephen Cephas</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Laura Neal</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Stephen Cephas</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

(1)

PHYSICIAN
OR CORONER

Primary <i>Typhoid</i>	How long <i>3 weeks</i>
Immediate <i>fever</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. Maguire</i>
	Address <i>Houlston Md.</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

William E. Chester

CERTIFICATE OF DEATH

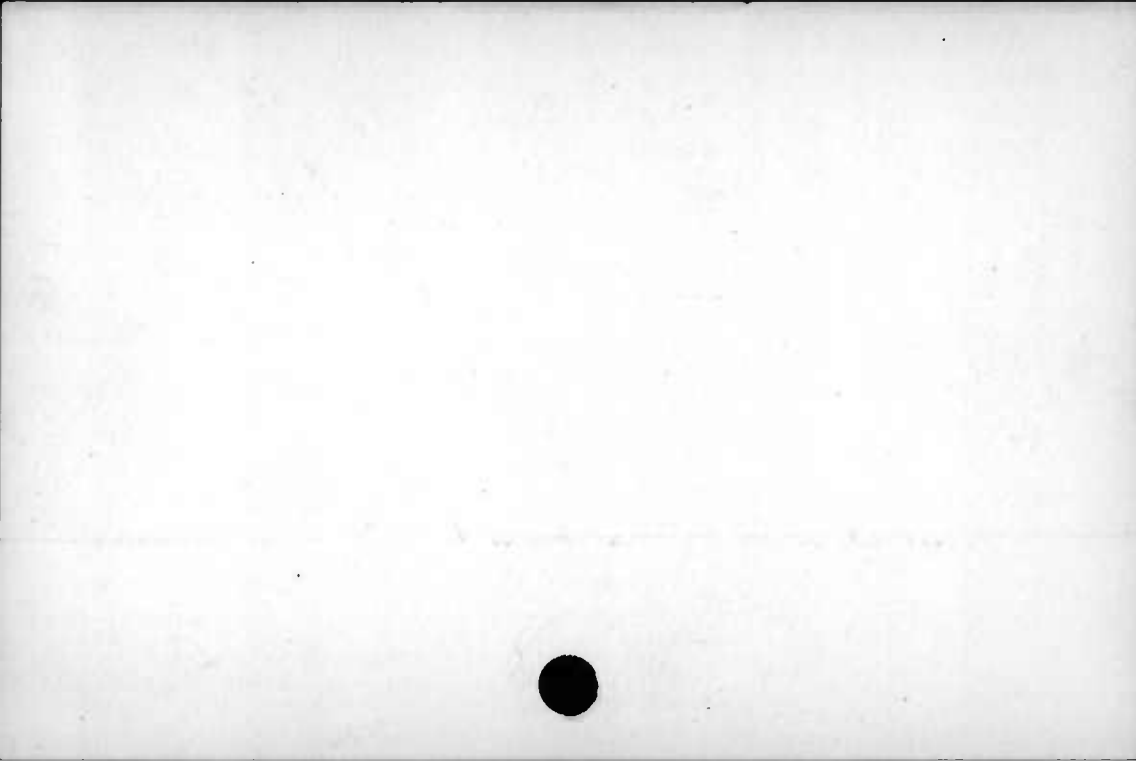
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>St. Luke's Church</i>		Town <i>Church</i>	County <i>Dorchester</i>		MARYLAND	
Date of death	1907	Month <i>Sept.</i>	Day <i>15</i>	Age <i>1</i>	Months <i>13</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>Col.</i>		Birthplace <i>Dor. Co. Md.</i>			
Occupation <i>Infant</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband <i>Infant</i>					
Father's Name <i>Robert J. Chester</i>	Father's Birthplace <i>Dor. Co. Md.</i>					
Mother's Maiden Name <i>Matilday Beene</i>	Mother's Birthplace <i>Dor. Co. Md.</i>					
Name of person giving information <i>Robert J. Chester</i>	How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>one week</i>
Immediate <i>Unknown</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. L. L. in thien</i>
	Address <i>Church Creek Md.</i>
Accident or Suicide? <i>9</i>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

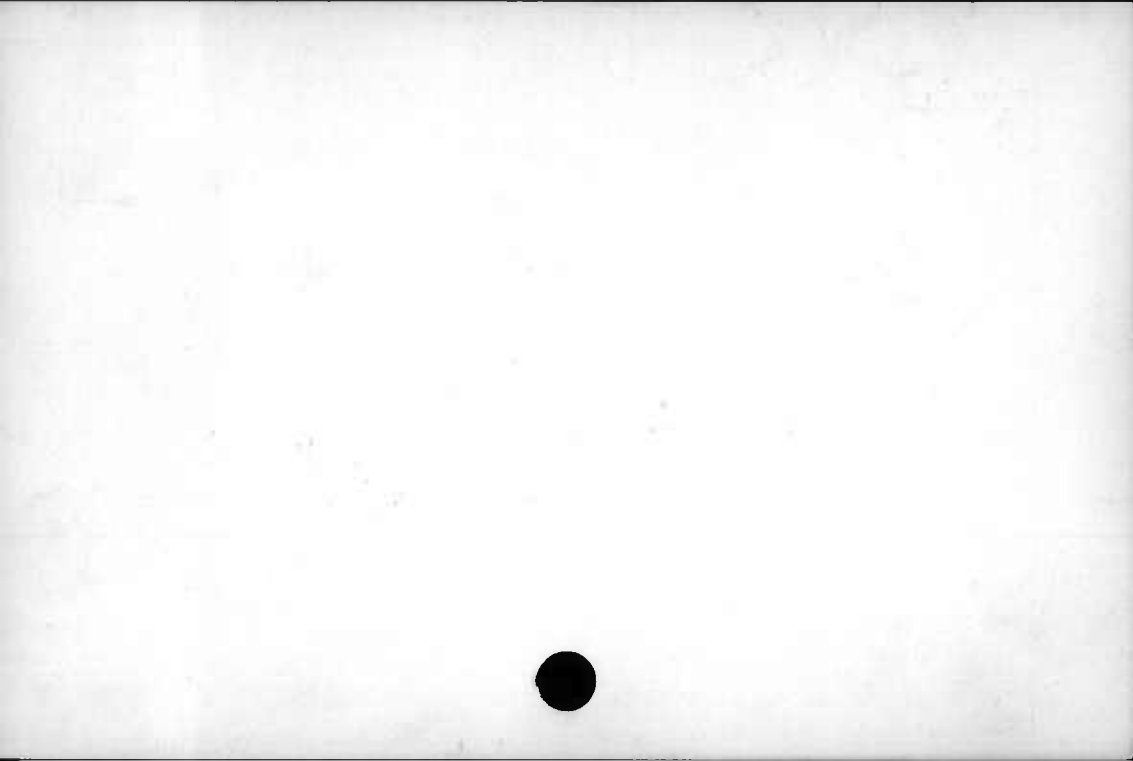
CERTIFICATE OF DEATH

MARYLAND

Name in Full Lillie Eagon		Town East New Market		County Dor	
Died at East New Market		State Dor		Date of death	
Date of death		Month 9	Day 16	Years 23	Months 0
Sex Female		Color or Race White		Birth-place Dorchester	
Occupation Wife		Where Residing if not at place of death			
Married, Single or Widowed Wife		Name of Wife or Husband Chas Eagon			
Father's Name Jonie Moore		Father's Birthplace Dor			
Mother's Maiden Name Mary Einnison		Mother's Birthplace 11			
Name of person giving information Mrs Eagon		How related to deceased Friend			

CAUSES OF DEATH

Primary	Typhoid Fever	How long	3 weeks
Immediate	Hemorrhages	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Edward L. Jones	
		Address East New Market Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

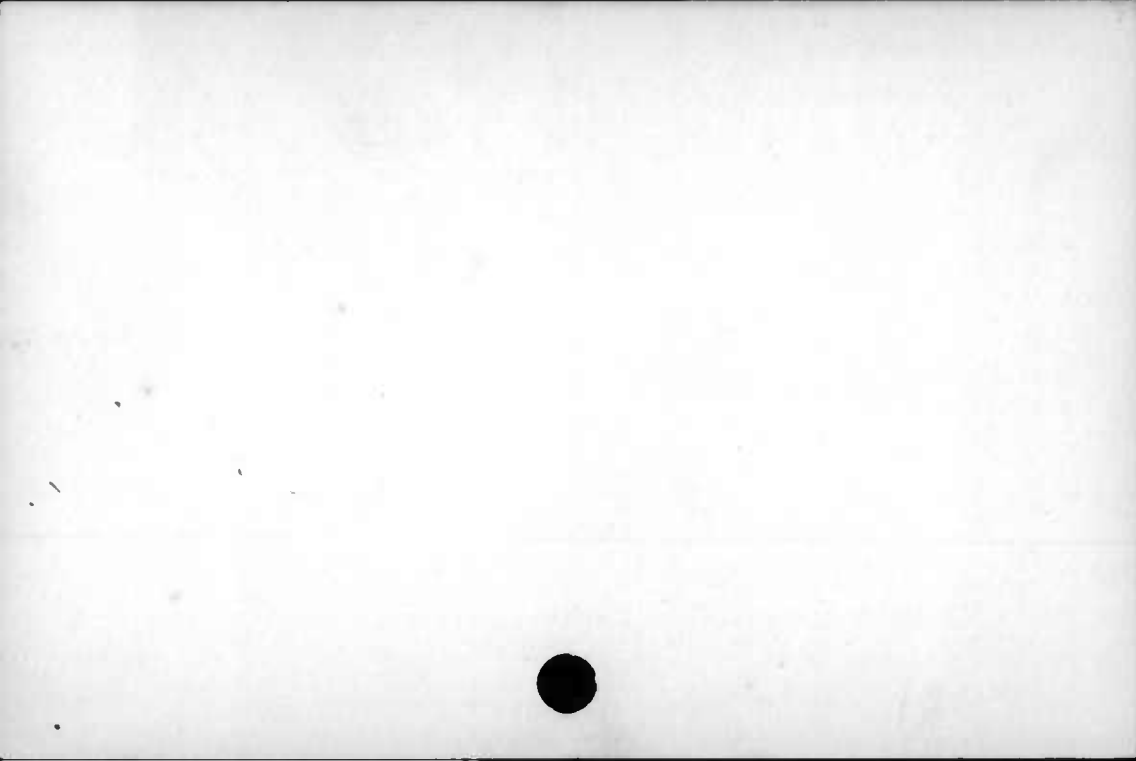
Name <i>Lara B. Gorr</i>		Town <i>Golden Hill</i>		County <i>Orchester</i>		MARYLAND	
Died at <i>Golden Hill</i>		Date of death <i>1907</i>		Month <i>Sept.</i>		Day <i>4</i>	
Age <i>41</i>		Years <i>41</i>		Months <i>—</i>		Days <i>18</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Orchester Co.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Golden Hill</i>					
Married, Single <i>Married</i>		Name of Wife or Husband <i>John Gorr</i>					
Father's Name <i>John R. Murk</i>		Father's Birthplace <i>Orchester Co.</i>					
Mother's Maiden Name <i>Hester Murk</i>		Mother's Birthplace <i>Orchester Co.</i>					
Name of person giving information <i>John Gorr</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

135

PHYSICIAN
OR CORONER

Primary <i>Pertinaria</i>	How long <i>8 1/2 months</i>
Immediate <i>Pork Patch. Housewife</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Victor Carroll</i>
	Address <i>Lambidge Rd.</i>
Accident or Suicide? <i>Q</i>	



Name
in
Full

Hatter Henry.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept.</i>	Day <i>14</i> ^{13th}	Age <i>20</i> ²⁵	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>BLK</i>	Birth-place <i>Ind</i>			
Occupation <i>Huk.</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Joe Henry</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Melvinia Maglotten</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Joe Henry</i>		How related to deceased <i>Father.</i>			

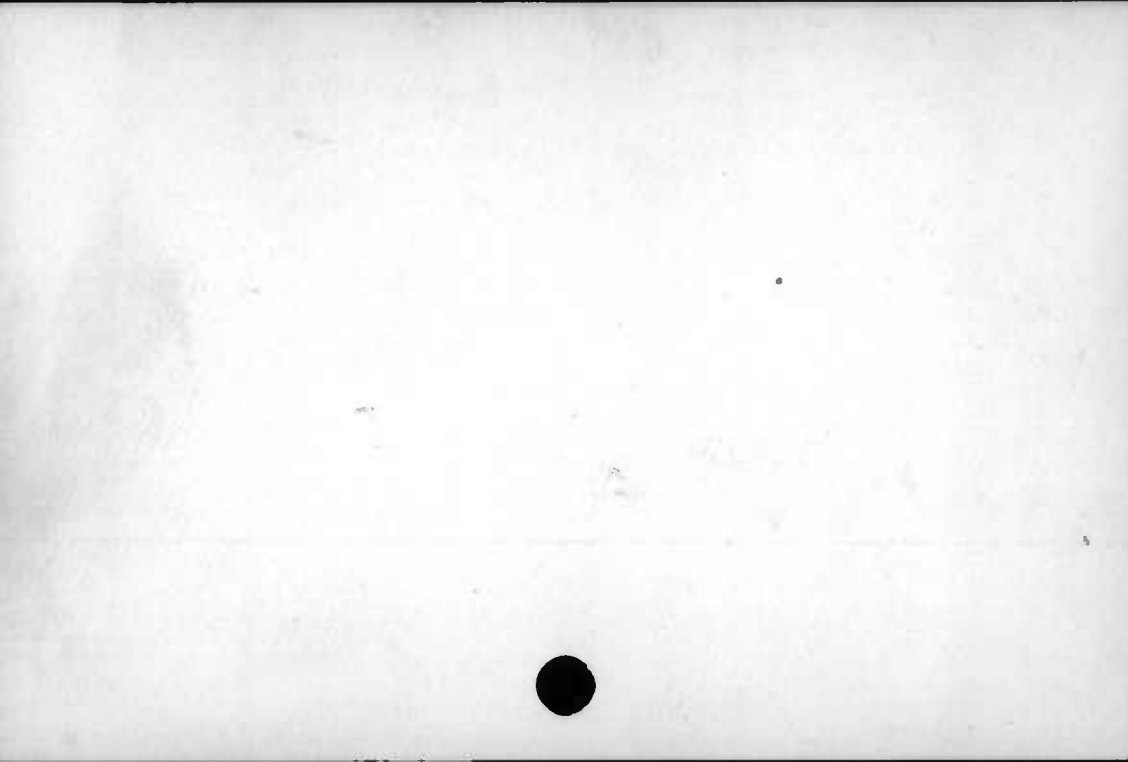
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysphoid Fever.</i>	How long <i>2 weeks</i>
Immediate <i>Intestinal Perforation</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E E Wolff</i>
	Address <i>Cambridge, Ind.</i>
Accident or Suicide? <i>9</i>	



Name in Full		Pilden Hurley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Crownby		County Dorchester		MARYLAND
	Date of death		1907	Month Sept.	Day 9	Age 26	Years Months Days
	Sex		male		Color or Race white		Birth- place Dorchester
	Occupation		Lorimer		Where Residing if not at place of death Dorchester Md		
	Married, Single or Widowed		married		Name of Wife or Husband Miley		
	Father's Name		Joshua Hurley		Father's Birthplace		md
	Mother's Maiden Name		Elubeth Hurley		Mother's Birthplace		md
	Name of person giving information				How related to deceased		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">106</div>							
PHYSICIAN OR CORONER	Primary		Suffered some im tooth				How long 4 weeks
	Immediate		Gastric & intestinal ulcer				How long 4 weeks
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician John Moore		
					Address Crownby		
Accident or Suicide?		No					



Name
in
Full

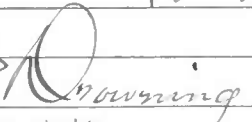
CERTIFICATE OF DEATH

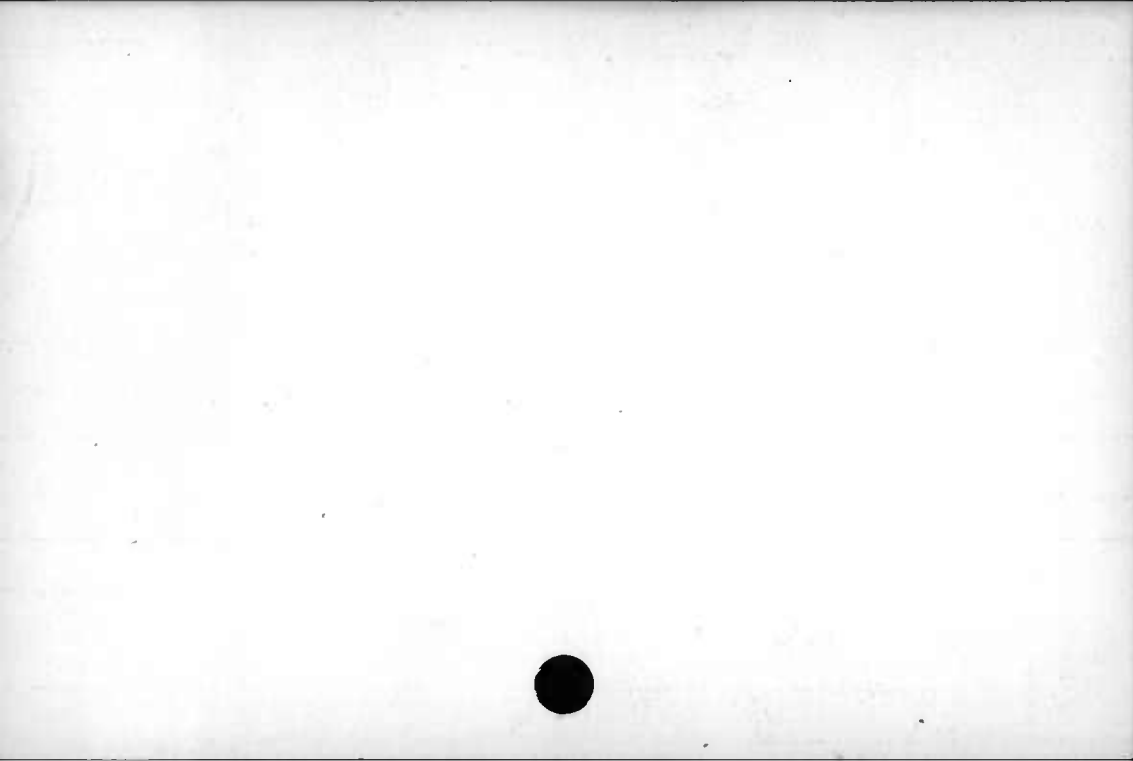
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mr Taylor's Bed Bridge</i>		County <i>Port Charles</i>		MARYLAND	
Date of death	1907	Month	Sep.	Day	# 15
Age	18	Years		Months	7
Sex	Male	Color or Race	Caucasian	Birth-place	Maryland
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Samuel J. Garrett		Father's Birthplace Md.		
Mother's Maiden Name	Annette A. Paul		Mother's Birthplace Md.		
Name of person giving information	Samuel J. Garrett		How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	172
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Thomas W. Stapleton Jr.	
Address	Taylor's Bed		
Accident or Suicide?	Maryland		



Name
in
Full

Richard Jewes

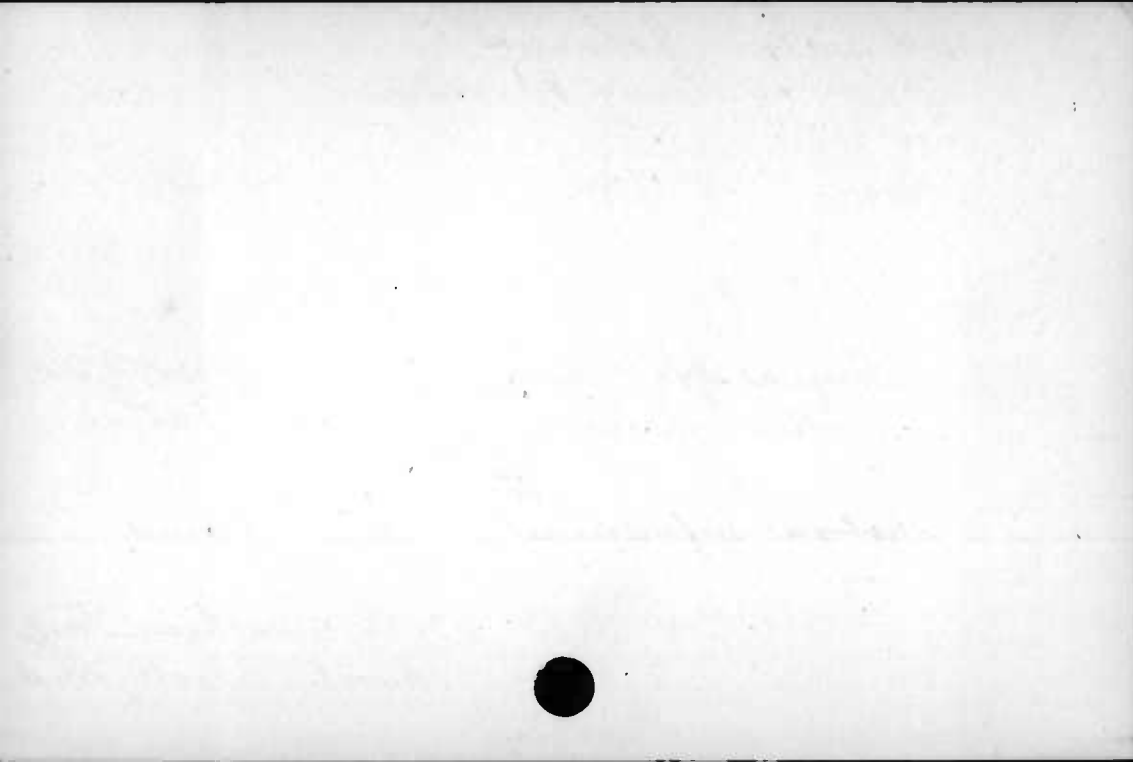
CERTIFICATE OF DEATH

Died at <u>Cambudg</u> ^{Town}		<u>Dorchester Co</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>Sep</u>	Day <u>7</u>	Age <u>70</u> ^{Years}	Months <u> </u> Days <u> </u>
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>Cambudg</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Cambudg</u>				
Married, Single or <u>Widowed</u>	Name of Wife or Husband <u>Unknown</u>				
Father's Name <u>Josiah Jewes</u>	Father's Birthplace <u>Dorchester</u>				
Mother's Maiden Name <u>Lizzie Lunden</u>	Mother's Birthplace <u>Dorchester</u>				
Name of person giving information <u>Jewes</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

Primary <u>Hemiplegia</u>	How long <u>1 week</u>
Immediate <u>Clot of blood on brain</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Guy Steel</u>
	Address <u>Cambudg Md</u>
Accident or Suicide? <u>8</u>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Clayton Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Church Creek		County Dorchester		MARYLAND	
Date of death	1907	Month Sept.	Day 9th	Age	Years —	Months 3	Days 20
Sex	Male		Color or Race	Col.		Birth place	Dor. Co. Md.
Occupation	Infant			Where Residing if not at place of death			
Married, Single or Widowed	Infant		Name of Wife or Husband	Infant			
Father's Name	John T. Johnson					Father's Birthplace	Dor. Co. Md.
Mother's Maiden Name	Anna Stoll and					Mother's Birthplace	Dor. Co. Md.
Name of person giving information	John T. Johnson					How related to deceased	Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera infantum	How long	8 hours
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	R. L. Smithwick M.D.
		Address	Church Creek, Md.
Accident or Suicide?	No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Poster Jones.

Died at *Newbye* ^{Town} *Dorchester* ^{County} **MARYLAND**

Date of death **1907** ^{Month} *9* ^{Day} *18* ^{Years} *38* ^{Months} *0* ^{Days} *0*

Sex *Male* Color or Race *colored* Birthplace *East Newmarket Md*

Occupation *Farmer* Where Residing if not at place of death

Married, ~~Single~~ ^{or Widowed} Name of Wife or Husband *Mary Jones*

Father's Name *Eliza Jones* Father's Birthplace *Dor*

Mother's Maiden Name *Henrietta Jones* Mother's Birthplace *..*

Name of person giving information *John W Jones* How related to deceased

CAUSES OF DEATH 178

PHYSICIAN
OR CORONER

Primary *Heart Failure* How long *Full dead*

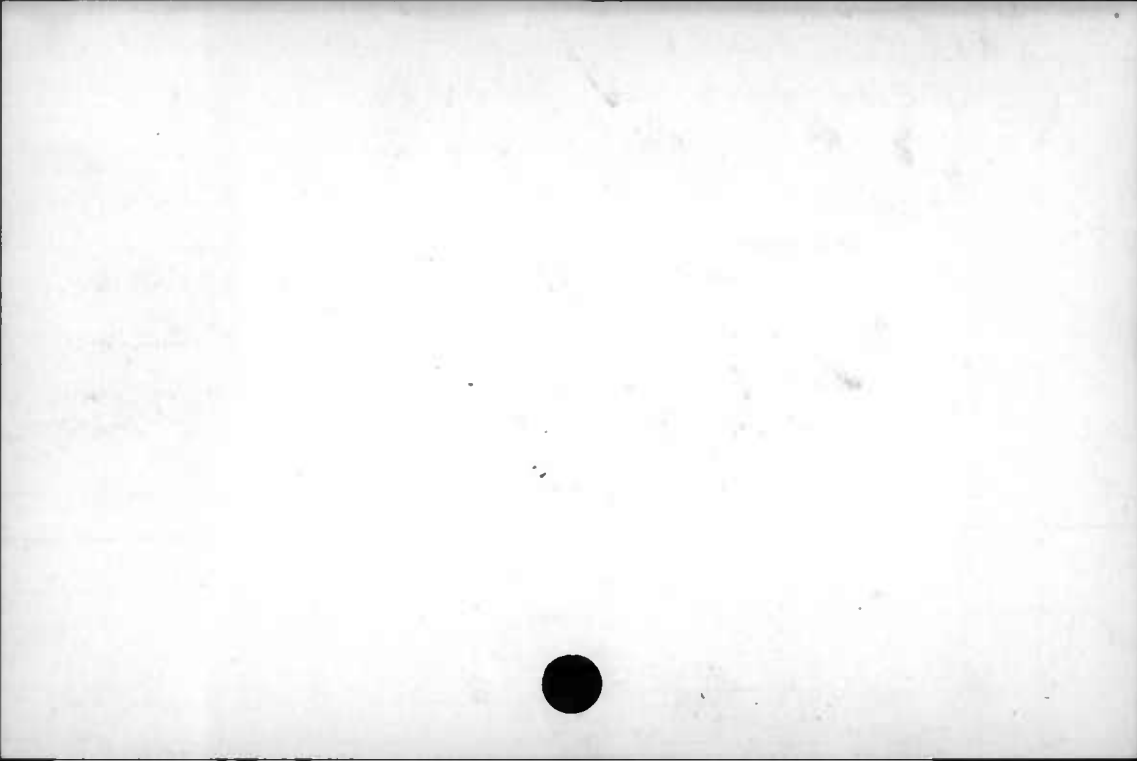
Immediate *Heart Failure* How long *Full dead*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. F. Nichols*

Address *E. N. market*

Accident ~~or~~ Suicide? *Ind.*



Name
in
Full

Laura A Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cabin Creek* ^{Town} *Dorchester* ^{County}

Date of death *1907* ^{Month} *9* ^{Day} *15* ^{Years} *74* ^{Months} *—* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *New York*

Occupation *House Wife* Where Residing if not at place of death *Cabin Creek*

Married, Single or Widowed *Married* Name of Wife or Husband *John H Jones*

Father's Name *unknown* Father's Birthplace *unknown*

Mother's Maiden Name *unknown* Mother's Birthplace *unknown*

Name of person giving information *John H Jones* How related to deceased *Husband*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Valvular* How long *1 yr*

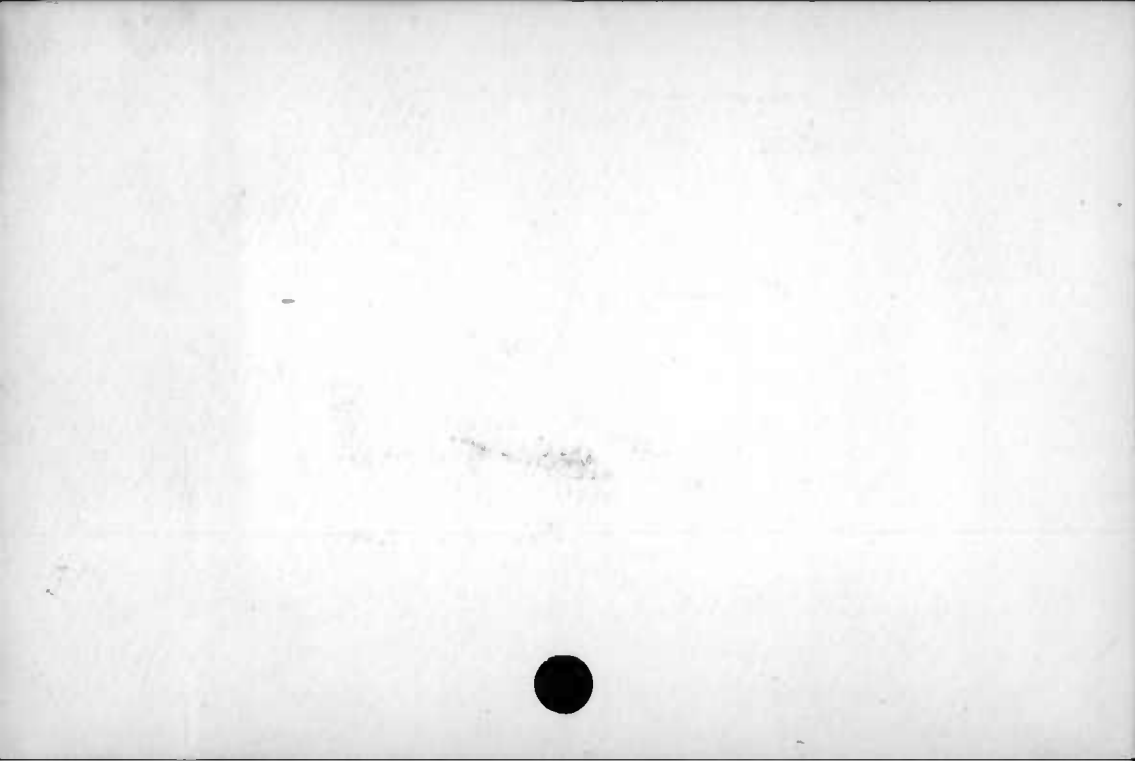
Immediate *disease of heart* How long *1 yr*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *O. P. Maguire*

Address *Harlock*

Accident or Suicide?



Name
in
FullLizzie Keene
Town
CambridgeCounty
Dorchester

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1907

Month

Sept

Day

21st

Years

Age

44-75

Months

Days

Sex

Female

Color or
Race

Colored

Birth
place

Dorchester, Va

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

James Keene

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
In formation

Hester, Cornish

How related
to deceased

Daughter

CAUSES OF DEATH

79

Primary

Cardiac Dilatation

How long

Several months

Immediate

Cardiac Paralysis

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

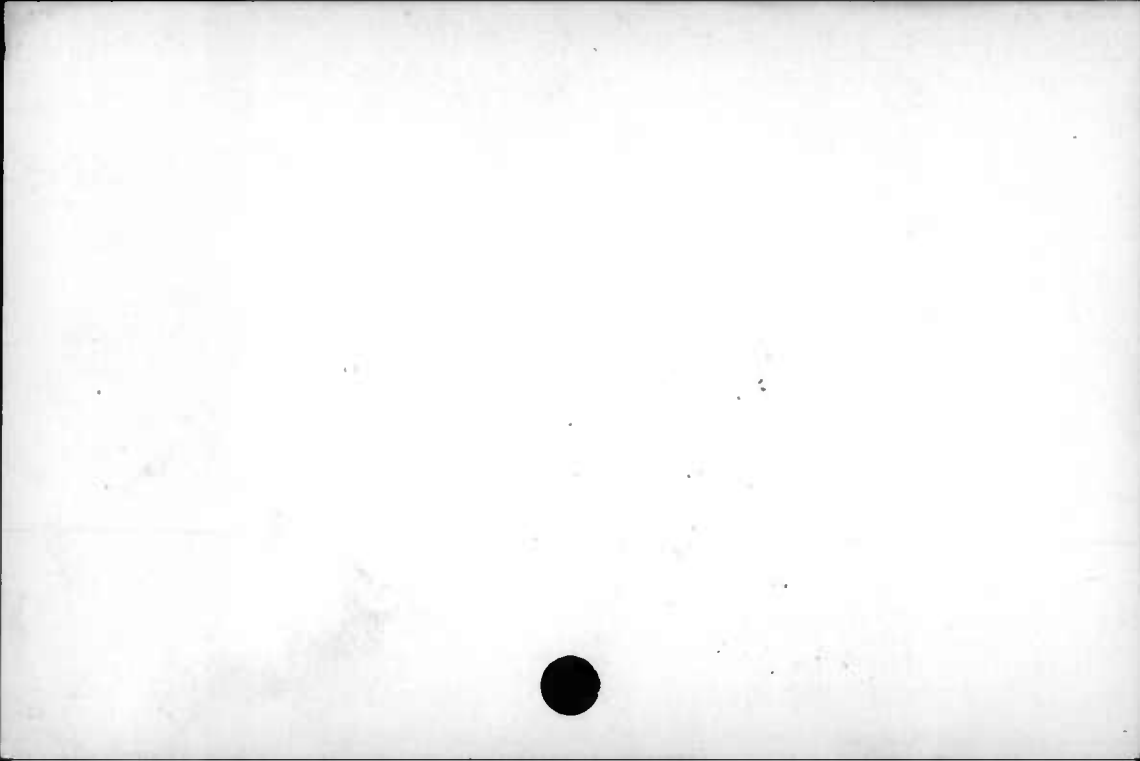
Signature of
Physician

Dexter P. Reynolds, M.D.

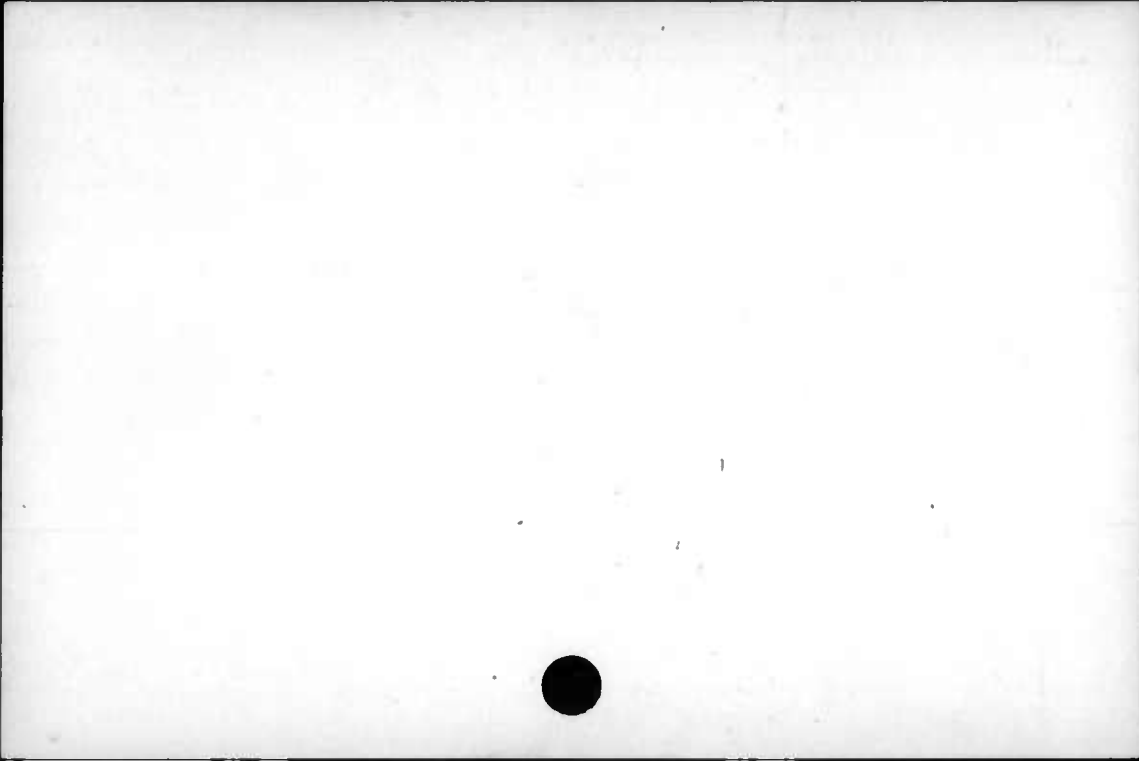
Address

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full Mrs Hector I Frankfurt		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Drambridge <small>Town</small>		Dorchester <small>County</small>
	Date of death 1907 <small>Month</small> Sept <small>Day</small> 10th <small>Years</small> 48		MARYLAND <small>Months</small> 7 <small>Days</small> -
	Sex Female	Color or Race White	Birth-place Dorchester Co.
	Occupation Housewife	Where Residing if not at place of death	
	Married, Single or Widowed Married	Name of Wife or Husband J. F. Frankfurt.	
	Father's Name Lerouzi Hurst	Father's Birthplace Essex Del	
Mother's Maiden Name Rosa Clezmar	Mother's Birthplace Dorchester		
Name of person giving information Herman Frankfurt	How related to deceased Son		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pulmonary Tuberculosis	How long about 9 mo	
	Immediate Heart failure	How long unknown	
	Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician A. H. Blau.	
		Address Vienna Md.	
	Accident or Suicide? No		



Name
in
Full4
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

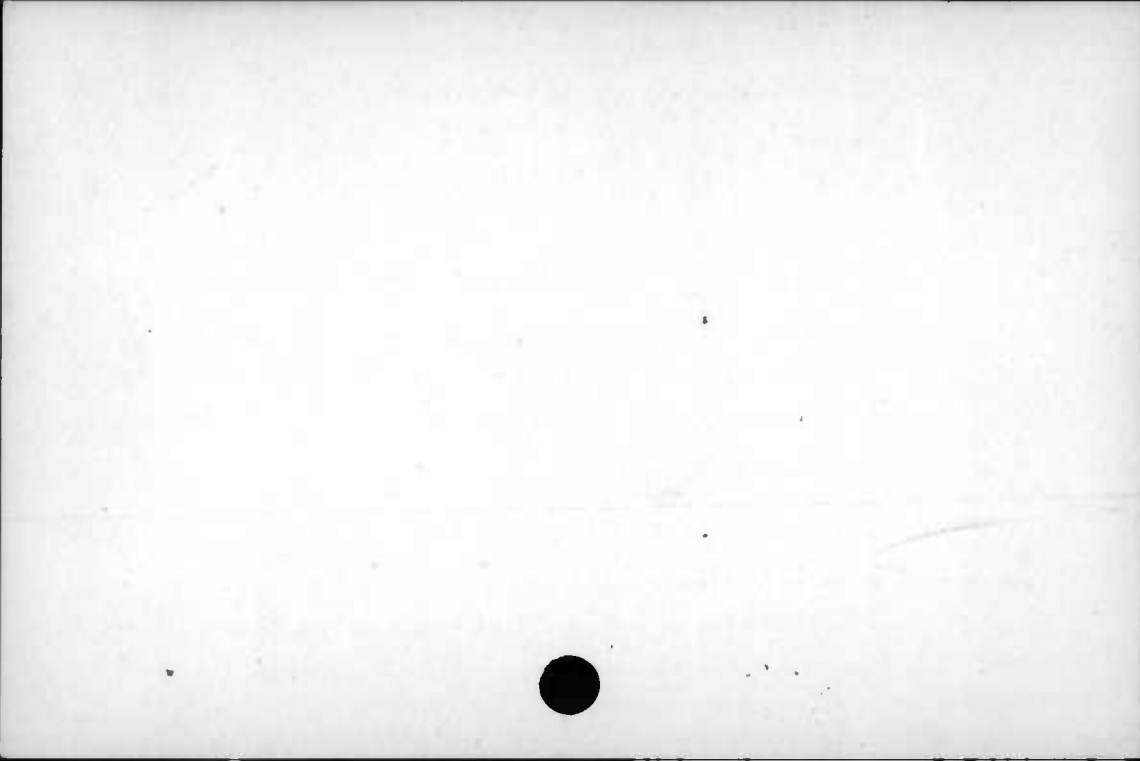
Died at		Town <i>Drawbridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		Month <i>Sept</i>	Day <i>13th</i>	Years <i>77</i>	Months		Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Dorchester Co</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary E Lawson</i>					
Father's Name <i>Don't know</i>				Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name <i>Don't know</i>				Mother's Birthplace <i>Don't know</i>			
Name of person giving information <i>William Jones</i>				How related to deceased <i>Nephew</i> <i>Uncle</i>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Aphasia</i>	How long	<i>4 days</i>
Immediate	<i>Stroke</i>	How long	<i>short while</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>		Signature of Physician <i>John M. ...</i>	
		Address <i>Cambridge Md.</i>	
Accident or Suicide?			



Name
in
Full

Sarah E. Linthicum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

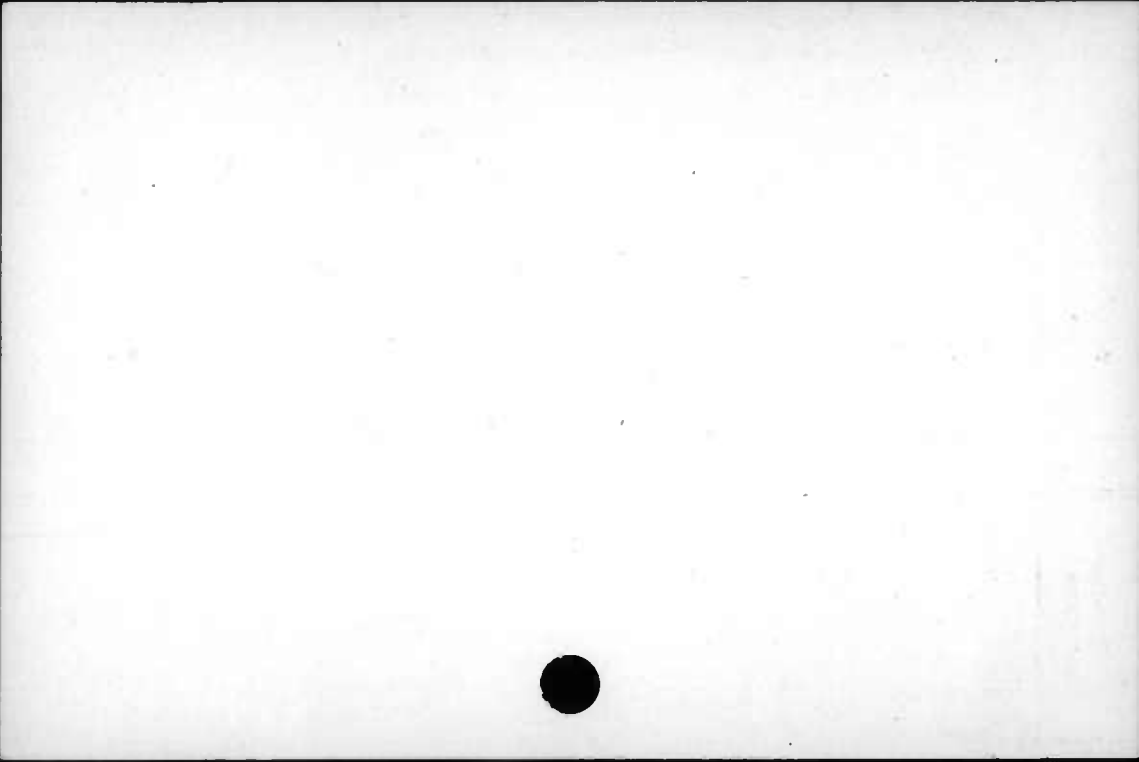
Died at <i>Near Madison</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death	1907	Month	Sept.	Day	1	Age	23
Sex	Female		Color or Race	Black		Birthplace	Dor. Co. Md.
Occupation	Housework			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Abram Linthicum			
Father's Name	Frank Keene				Father's Birthplace	Dor. Co. Md.	
Mother's Maiden Name	Rosanna Jones				Mother's Birthplace	Dor. Co. Md.	
Name of person giving information	Abram Linthicum				How related to deceased	Husband	

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Acute inflammation of the bowels		How long	7 days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			B. L. Smith M.D.	
			Madison, Md.	
Accident or Suicide?		No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Albertine Lorenson</i>		Town <i>Secretary</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>	
Died at <i>Secretary</i>		Month <i>9</i>		Day <i>23</i>		Age <i>29</i>	
Date of death <i>1907</i>		Months <i>9</i>		Years <i>29</i>		Months <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Dor Co</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single, or Widowed <i>Married</i>		Name of Wife Husband <i>Stonie Lorenson</i>					
Father's Name <i>Jas King</i>		Father's Birthplace <i>Dor Co</i>					
Mother's Maiden Name <i>Mary Hurlock</i>		Mother's Birthplace <i>rr rr</i>					
Name of person giving information <i>Stonie Lorenson</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>Four weeks</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. Nicols M.D.</i>
	Address <i>E. New Market Md.</i>
As certified <i>certified</i>	



187

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Nancy E. Lynch

Died at *near Cambridge* ^{Town}County *Dorchester*

MARYLAND

Date of death *1907* ^{Month} *Sept* ^{Day} *1*Age *68* ^{Years}Months Days Sex *Female*Color or Race *White*Birth-place *Delaware*Occupation *Housewife*Where Residing if not at place of death *near Cambridge Md*Married, Single or Widowed *Widow*Name of Wife or Husband *Mrs R. Lynch*Father's Name *Jasper Green*Father's Birthplace *Delaware*Mother's Maiden Name *Adama Culver*Mother's Birthplace *"*Name of person giving information *John S. Lynch*How related to deceased *Son*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONERPrimary *Chronic Bright's disease & tubercular lesion*How long *from 4 years*Immediate *acute heart-failure*How long *a few months*

Are the name, age, sex, color, date and place correctly given above?

Y/S

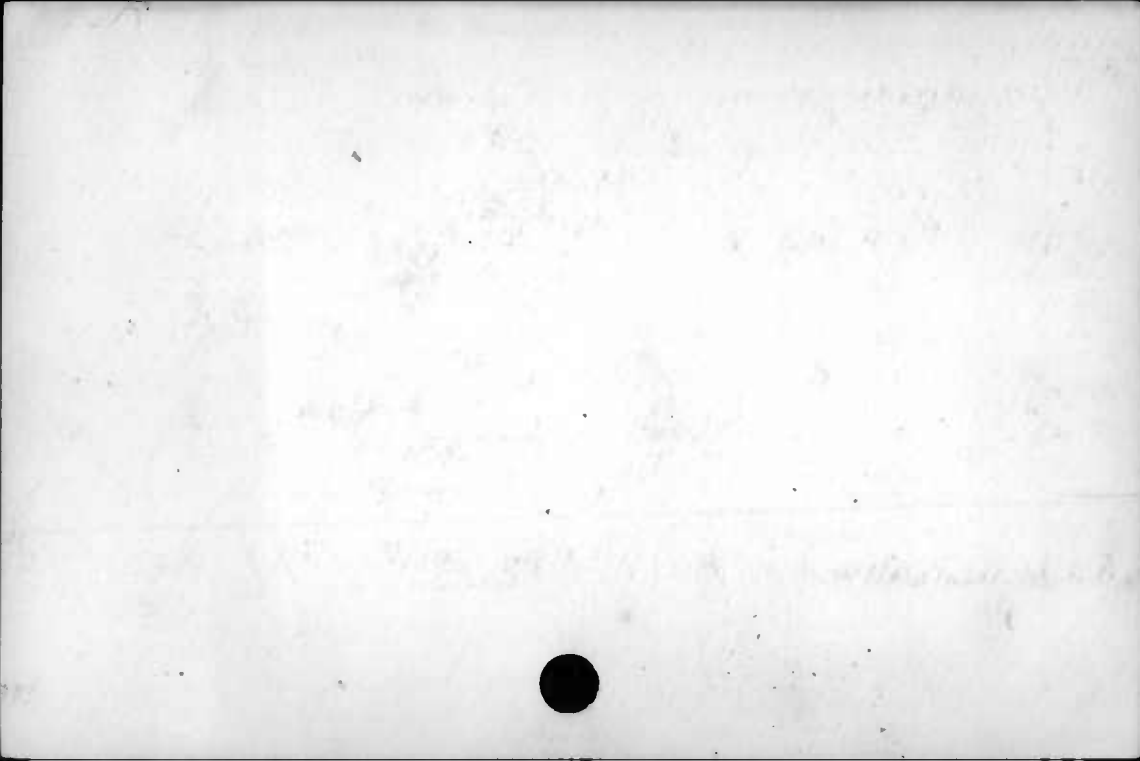
Signature of Physician

Guy Smith

Address

Cambridge Md

Accident or Suicide?



Name
in
full

Elias M McAllister

CERTIFICATE OF DEATH

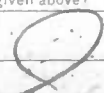
TO BE ANSWERED BY
NEAREST FRIEND

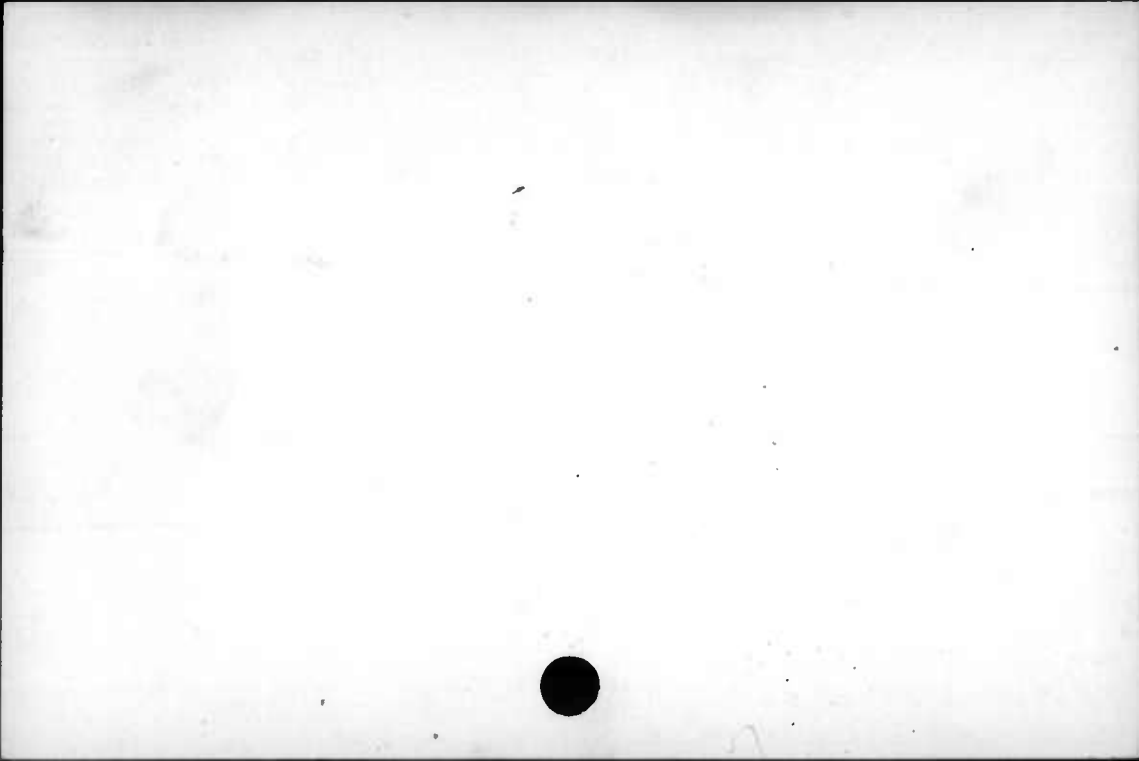
Died at <i>Vienna</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Sept</i>	Day <i>26th</i>	Age <i>-</i>	Months <i>H</i>	Days <i>20</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
Occupation <i>Infant</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>Infant</i>			
Father's Name <i>Elias M McAllister</i>			Father's Birthplace <i>Reeds Grove Md</i>		
Mother's Maiden Name <i>Sarah E Holder</i>			Mother's Birthplace <i>Reeds Grove Md.</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

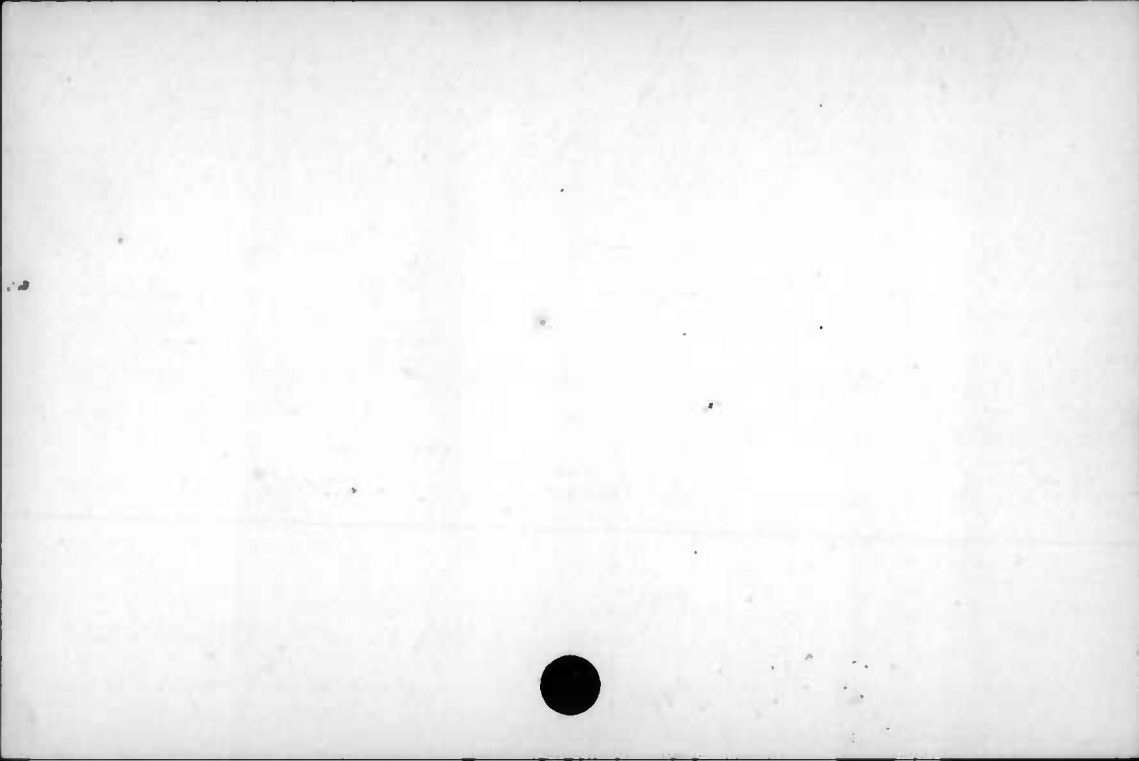
92

PHYSICIAN
OR CORONER

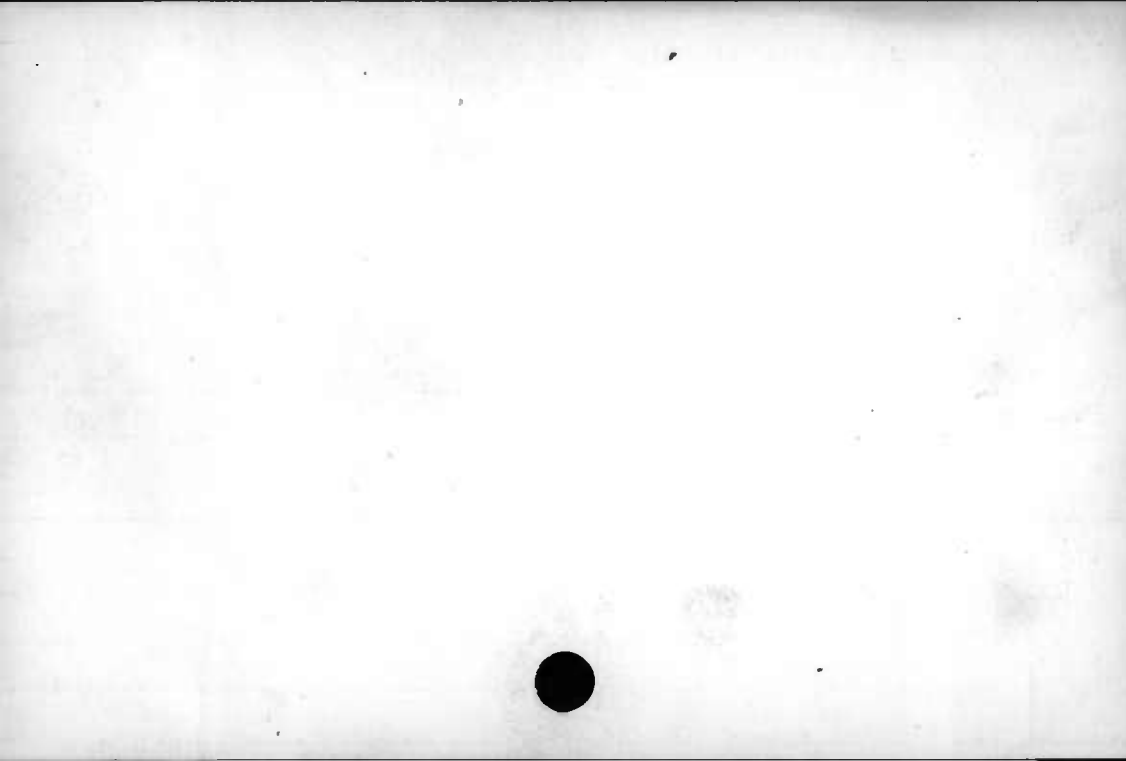
Primary	<i>Broncho Pneumonia</i>	How long <i>2 wks.</i>
Immediate	<i>Heart Failure</i>	How long <i>unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>D. H. Blank</i>
		Address <i>Vienna Md.</i>
Accident or Suicide? <i>No</i>		



Name in Full		CERTIFICATE OF DEATH			
William M. Mitchell		Town Cambridge		County Dorchester	
Died at		MARYLAND			
Date of death		1907	Sept.	14 th	Age 77
Sex		Male	Color or Race	White	Birth- place
Occupation		Retired Farmer		Where Residing if not at place of death was at home	
Married, Single or Widowed		Widowed		Name of Wife or Husband	
Father's Name		Levin Mitchell		Father's Birthplace	
Mother's Maiden Name		Lilly Marshall		Mother's Birthplace	
Name of person giving In formation		Lizzie Mitchell		How related to deceased	
		CAUSES OF DEATH		104	
Primary		Acute Indigestion		How long	
Immediate		Nervous Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	
				Address	
Accident or Suicide?					



Name in Full		B. F. Moore				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Hemlock		Dorchester		MARYLAND	
	Date of death	1907	Month 9	Day 14	Age	Years 3	Months
	Sex	Male		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death		Md.	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	B F Moore				Father's Birthplace	Dorchester
PHYSICIAN OR CORONER	Mother's Maiden Name	Sallie E Warner				Mother's Birthplace	Md.
	Name of person giving information	B F Moore				How related to deceased	Patther
	CAUSES OF DEATH						105
Primary	Enterocolitis					How long	4 weeks
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Dr. C. F. Maguire			
		Address		Hemlock			
Accident or Suicide?						Md.	



Name
in
Full

Martha Pinder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Sturlock* TownCounty *Albion*Date of death 1907 *Sept* Month *25* DayAge *31* Years

Month

Days

Sex *Female*Color or Race *colored*Birth-place *Md*Occupation *House girl*

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Thomas J Pinder*Father's Birthplace *Md*Mother's Maiden Name *Sarah McShanlin*Mother's Birthplace *Md*Name of person giving information *Stephen Pinder*How related to deceased *Father's Brother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONERPrimary *Phthisis*How long *8 months*

Immediate

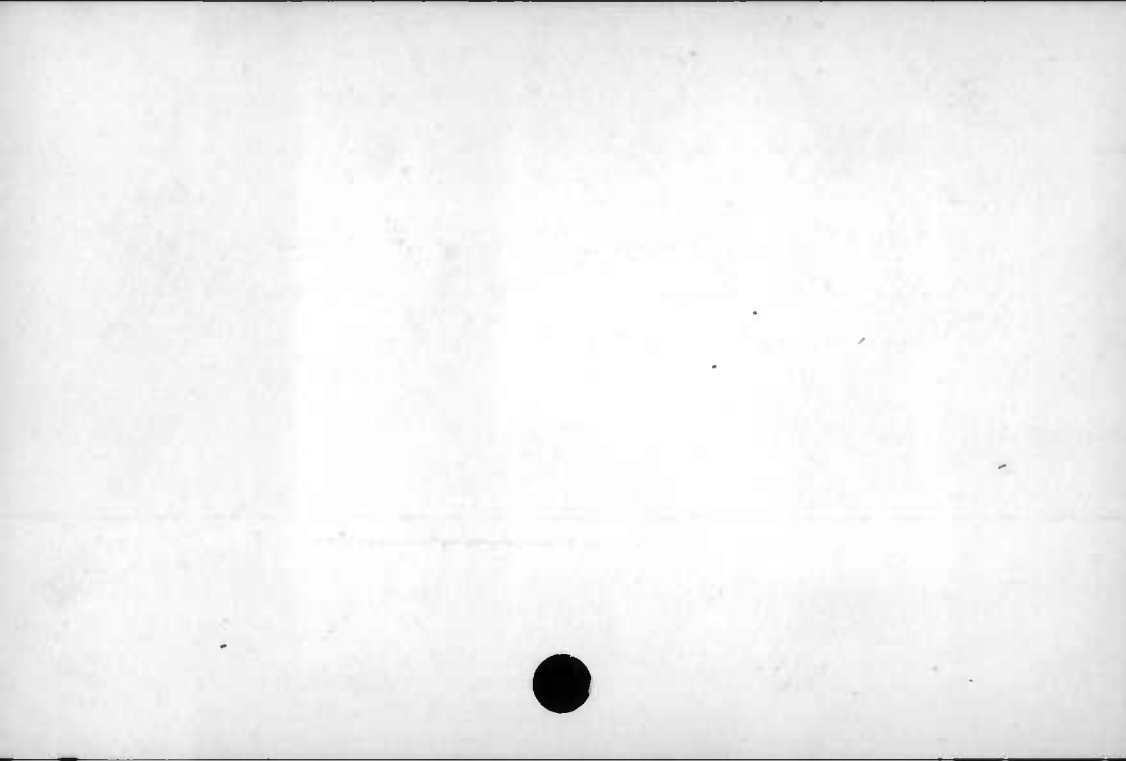
*Pulmonary*How long *8 months*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Maguire
*Sturlock*Accident or Suicide? *9*



Name
in
Full

CERTIFICATE OF DEATH

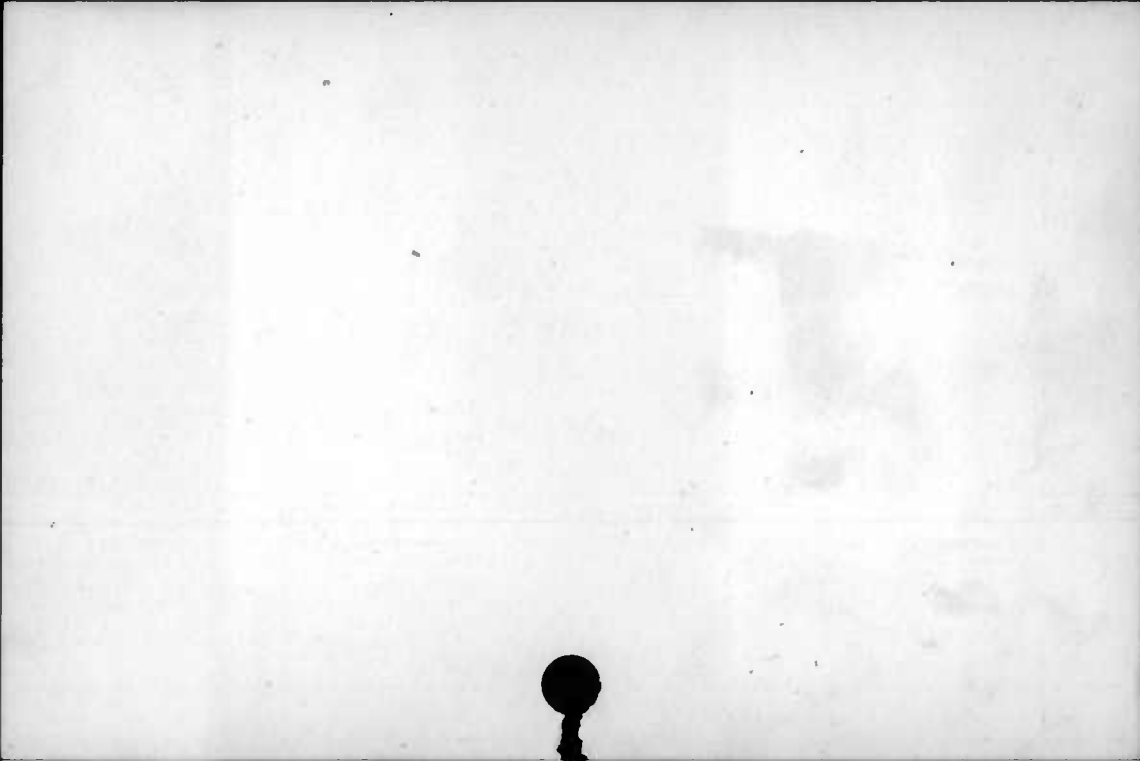
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}			
Date of death <i>1907</i> ^{Month} <i>Sep.</i> ^{Day} <i>4</i>		Age <i>66</i> ^{Years}		Months <i>—</i> Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>A. C.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Cambridge Md</i>			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>J. Prag</i>			
Father's Name <i>Andrew</i>		Father's Birthplace <i>A. C.</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Mrs Gustie Brannock</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

Primary <i>Tuberculosis</i>	<i>(27)</i>	How long <i>7 or 8 years</i>
Immediate <i>Exhaustion</i>		How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>E. E. Wolff</i>
		Address <i>Cambridge, Md.</i>
Accident or Suicide? <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

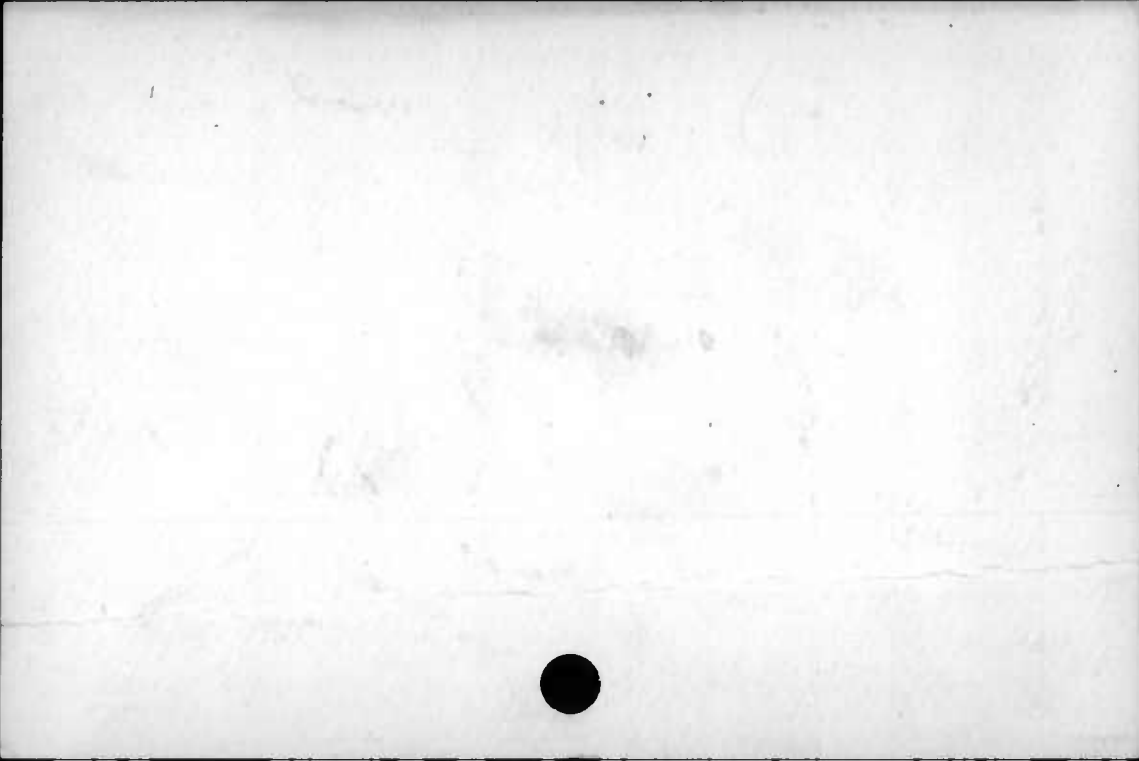
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John. Prishocki</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND									
Died at		Date of death <i>1907</i>		Month <i>9</i>		Day <i>7</i>		Age <i>Three</i>		Years <i>-</i>		Months <i>-</i>		Days <i>-</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto Md.</i>		Occupation <i>none</i>		Where Residing if not at place of death <i>near E. N. Market, Md</i>							
<input checked="" type="checkbox"/> Married, Single or <i>Widowed</i>		Name of Wife or Husband													
Father's Name <i>Jas. Prishocki</i>		Father's Birthplace <i>Germany</i>													
Mother's Maiden Name <i>Ella Matushok</i>		Mother's Birthplace <i>Germany</i>													
Name of person giving information <i>Jas. Prishocki</i>		How related to deceased <i>Father</i>													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>		How long <i>13 days</i>	
Immediate <i>Heart failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. F. Nichols MD</i>	
		Address <i>E. N. Market</i>	
		<i>Md -</i>	
<input checked="" type="checkbox"/> Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

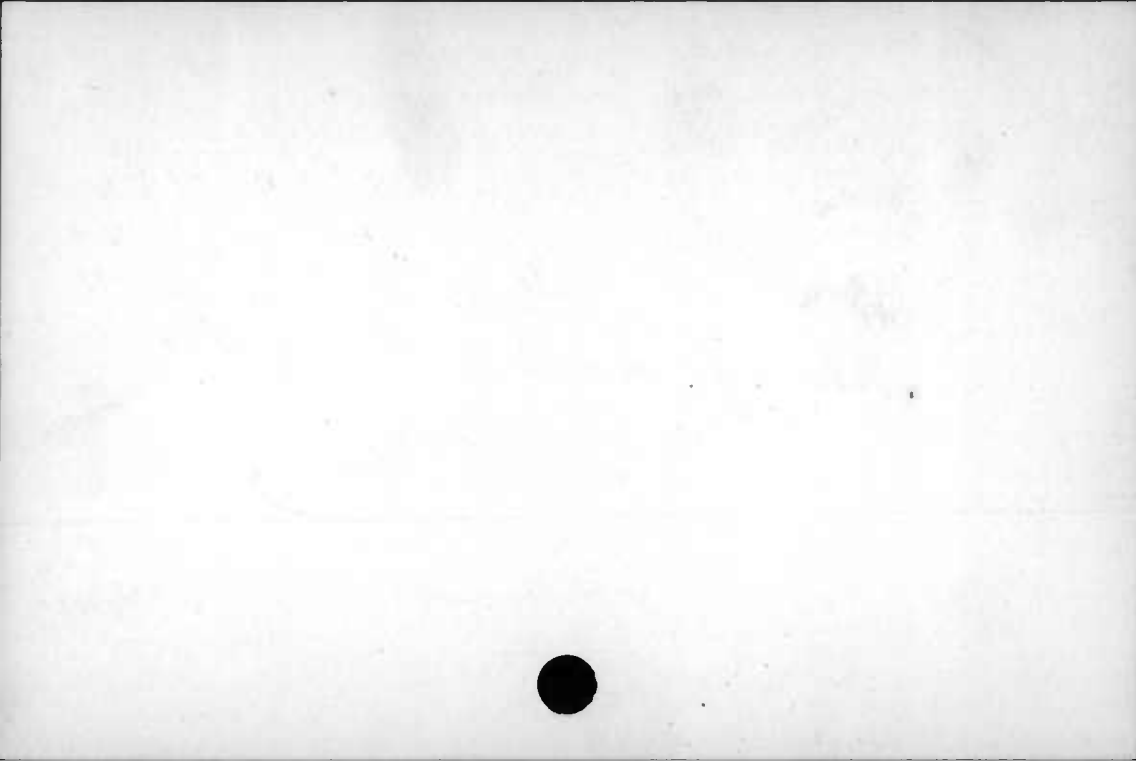
Died at <i>Cambridge</i> ^{Town}		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>Sept</i> ^{Day} <i>8</i>		Age <i>60</i> ^{Years}		<i>6</i> ^{Months} <i>4</i> ^{Days}	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Del</i>	
Occupation <i>Daily labor</i>		Where Residing if not at place of death <i>Cambridge Md</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ellen A. Riccords</i>			
Father's Name <i>Not known</i>		Father's Birthplace <i>Not known</i>			
Mother's Maiden Name <i>Ella A. Hearn</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>J. L. Riccords</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>one year</i>
Immediate <i>Uremia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Y</i>	Signature of Physician <i>Dr. C. M. Hunt</i>
	Address <i>Cambridge</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Eugene Rook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death	1907	Month	Sept	Day	6	Age	45
Sex	Male	Color or Race	White	Birth-place	Maryland		
Occupation	Merchant			Where Residing if not at place of death Cambridge Md			
Married, Single or Widowed	Married		Name of Wife or Husband Cora Rook				
Father's Name	Mr J. Rook					Father's Birthplace	Maryland
Mother's Maiden Name	Mary P. Adams					Mother's Birthplace	Arkansas
Name of person giving information	Alton Rook					How related to deceased	Son

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Nephritis & Valvular heart trouble		How long	6 months
Immediate	Valvular heart disease		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Martin J. Lohabough	
			Address Cambridge Md.	
Accident or Suicide?		No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Pinchville* ^{Town} *Dor* ^{County}Date of death *1907* ^{Month} *sep* ^{Day} *28* Age *47* ^{Years} *4* ^{Months} *14* ^{Days}Sex *female* Color or Race *white* Birth-place *ind*Occupation *housewife* Where Residing if not at place of deathMarried, Single or Widowed *married* Name of Wife or Husband *Chas E Russell*Father's Name *Jesse R Wheatley* Father's Birthplace *ind*Mother's Maiden Name *Margaret A Wallace* Mother's Birthplace *ind*Name of person giving information *Chas E Russell* How related to deceased *husband*

CAUSES OF DEATH

27

Primary *Pneumonia* How long *several years*

Immediate

Are the name, age, sex, color, date and place correctly given above?

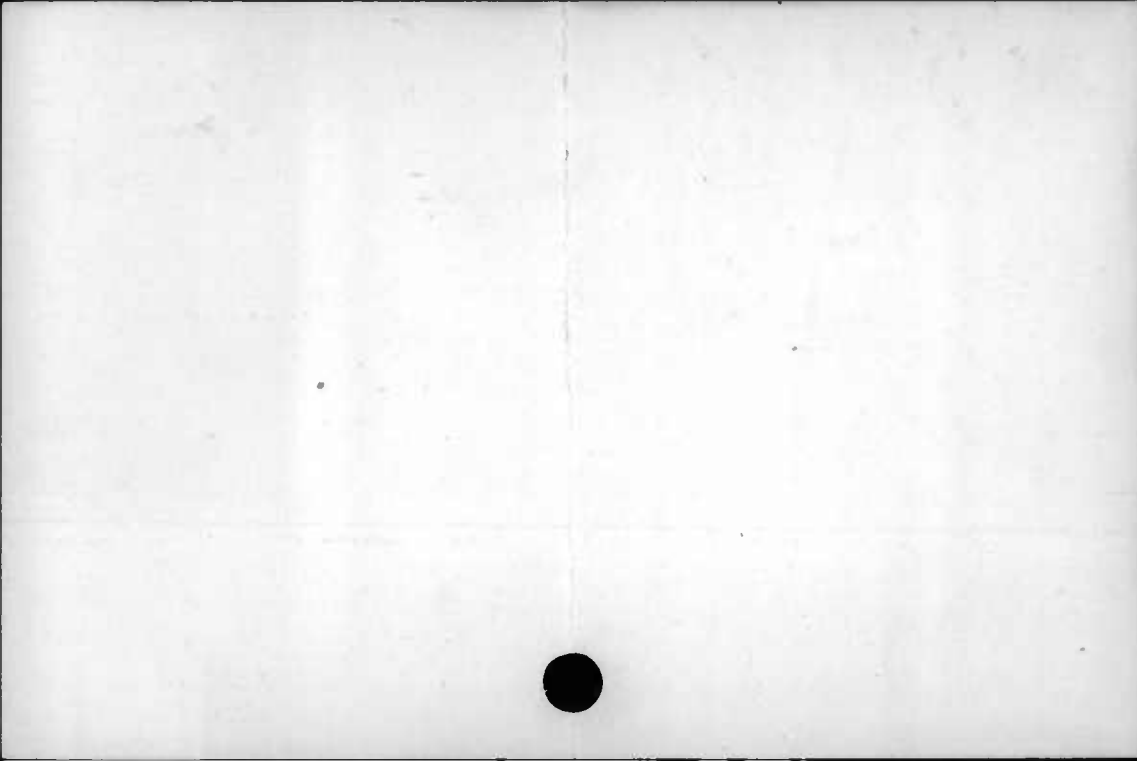
yes

Signature of Physician

Address

R Kemp Jefferson
Federal St
ind

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

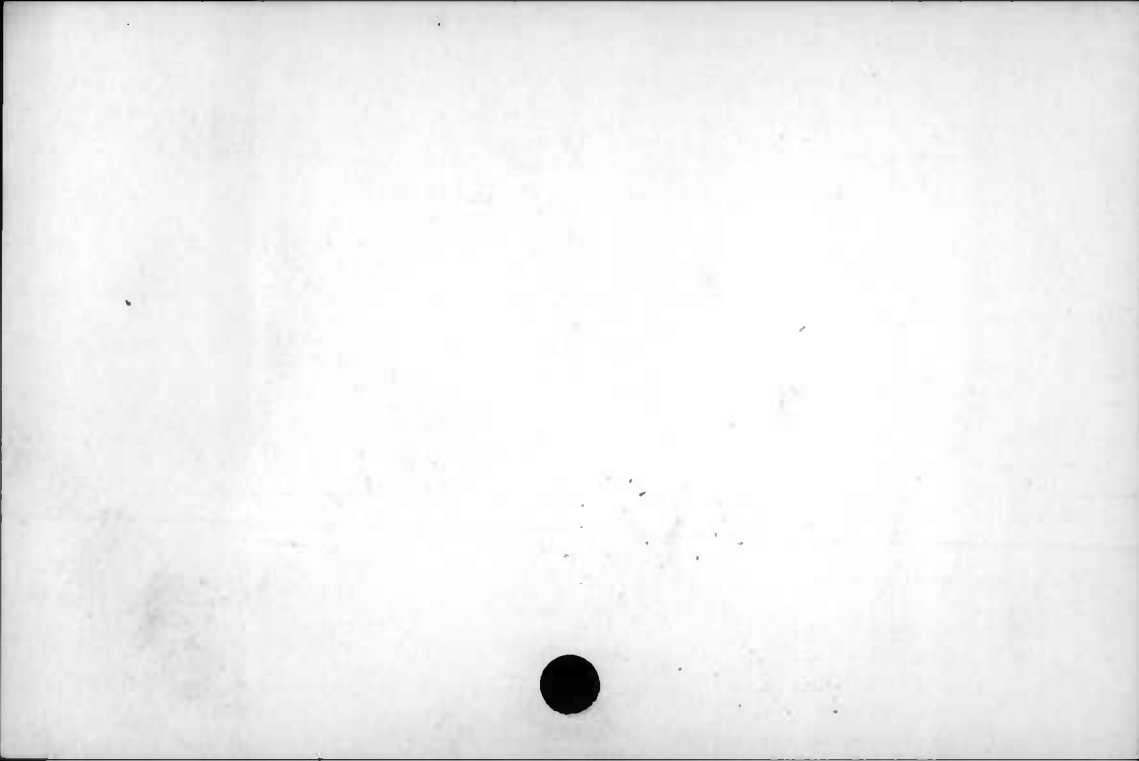
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Joseph Sampson		Town East New Market		County Dorchester		State MARYLAND	
Died at East New Market		Date of death 1907		Month 9		Day 24	
Sex Male		Color or Race Colored		Age 18		Birthplace Dor co	
Occupation Farm Hand		Where Residing if not at place of death					
Married, Single Single		Name of Wife or Husband					
Father's Name Jacobi Sampson		Father's Birthplace Dor co					
Mother's Maiden Name Mary Jackson		Mother's Birthplace " "					
Name of person giving information John Sampson		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid Fever	How long 10 days
Immediate Pneumonia	How long 4 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Edward L. Jones
	Address East New Market Md
Accident or Suicide?	



Name
in
Full

In Land Scofield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

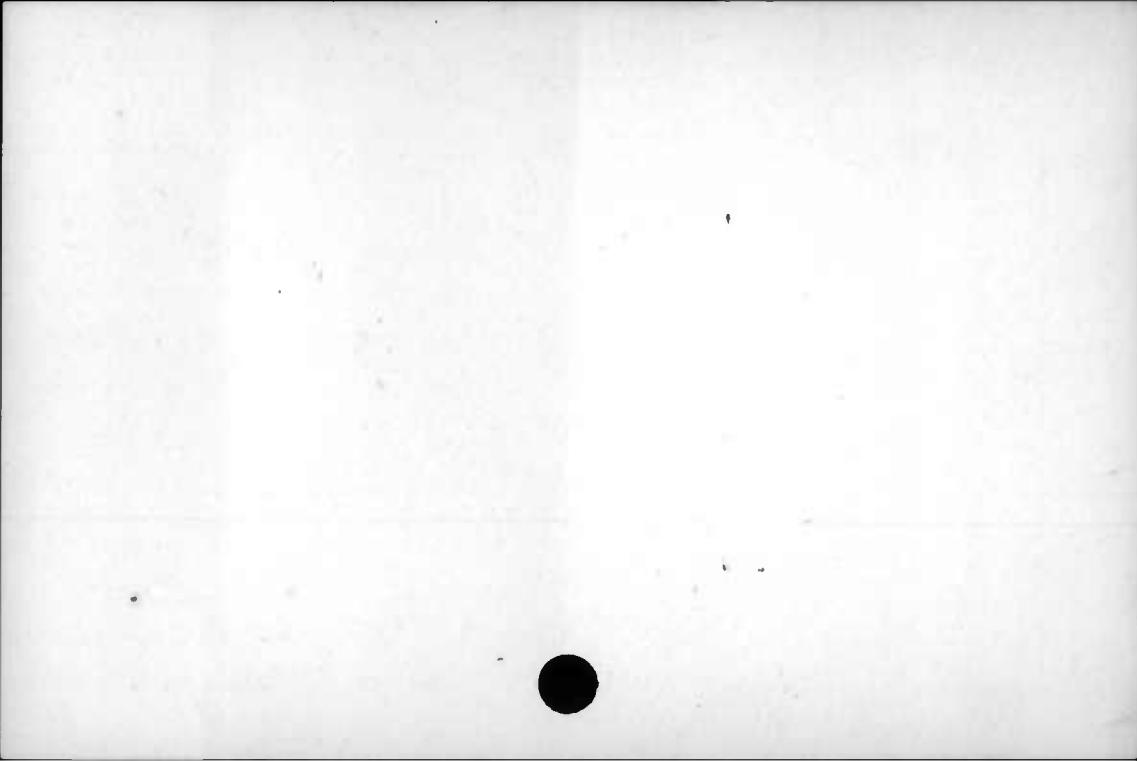
Died at <i>Cambridge</i> ^{Town}		<i>Orchenus</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	<i>sep.</i> ^{Month}	<i>21</i> ^{Day}	Age <i>65</i> ^{Years}	<i>4</i> ^{Months}	<i>20</i> ^{Days}
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Conn.</i>	
Occupation <i>none</i>			Where Residing if not at place of death <i>Myrtle Conn</i>		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Emma J. Bradley</i>			
Father's Name <i>Nathan Scofield</i>		Father's Birthplace <i>Conn.</i>			
Mother's Maiden Name <i>Betsy Hill</i>		Mother's Birthplace <i>Conn</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>30 years</i>
Immediate <i>Tubercular Diarrhoea</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yps</i>	Signature of Physician <i>Guy Steel</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide? <i>9</i>	



Name
in
Full

Edna M. Stanley

CERTIFICATE OF DEATH

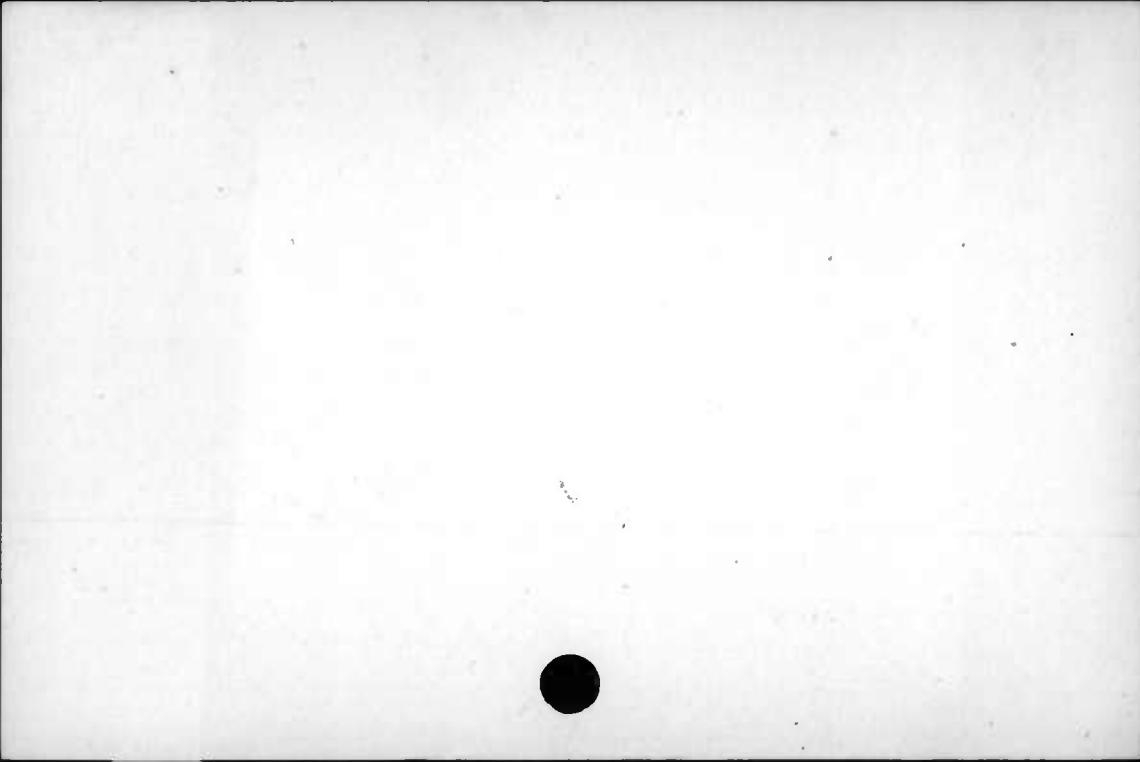
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Aireys</i>		County <i>Loan</i>		MARYLAND	
Date of death	1907	Month <i>Sept.</i>	Day <i>21</i>	Age <i>2</i>	Years <i>2</i>	Months <i>4</i>	Days <i>27</i>
Sex	<i>female</i>		Color or Race	<i>colored</i>		Birth-place	<i>Aireys</i>
Occupation	<i>nothing</i>			Where Residing if not at place of death <i>Aireys</i>			
Married, Single or Widowed	<i>Widowed</i>			Name of Wife or Husband			
Father's Name	<i>Clarence Stanley</i>					Father's Birthplace	<i>Aireys</i>
Mother's Maiden Name	<i>Marie Piper</i>					Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Peter Stanley</i>					How related to deceased	<i>4</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>malaria</i>	How long	<i>3 days</i>
Immediate	<i>acute heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Guy Clark</i>
		Address	<i>Cambridge Md.</i>
Accident or Suicide?	<i>2</i>		



Name
in
Full

Brady Wayne Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

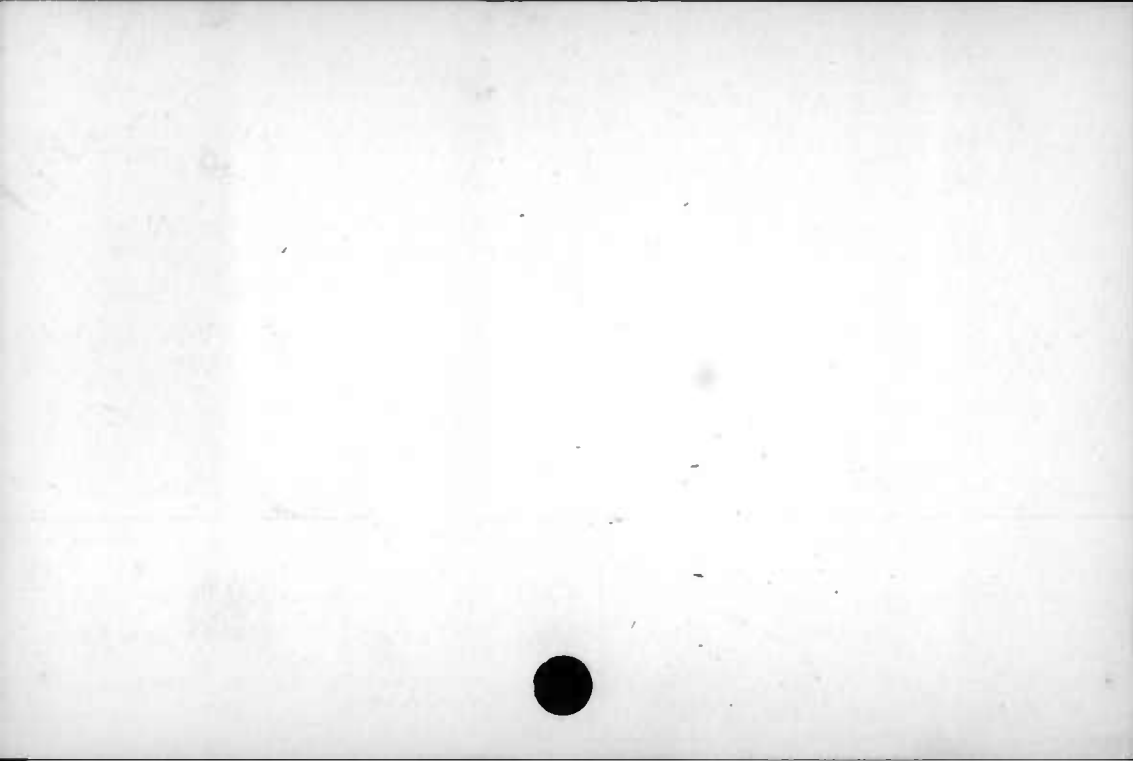
Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death	1907	Month	Sept	Day	12
Age		Years	Months		5
Sex	male	Color or Race	white	Birth-place	Cambridge
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Sylvester S. Stewart		Father's Birthplace	Dorchester Co
Mother's Maiden Name		Kina G. Dayton		Mother's Birthplace	Dorchester
Name of person giving information		Sylvester S. Stewart		How related to deceased	Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Summer- Conifluant	How long	2 weeks
Immediate	Exhaustion	How long	short while
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
y 40		John Moore	
Address			
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

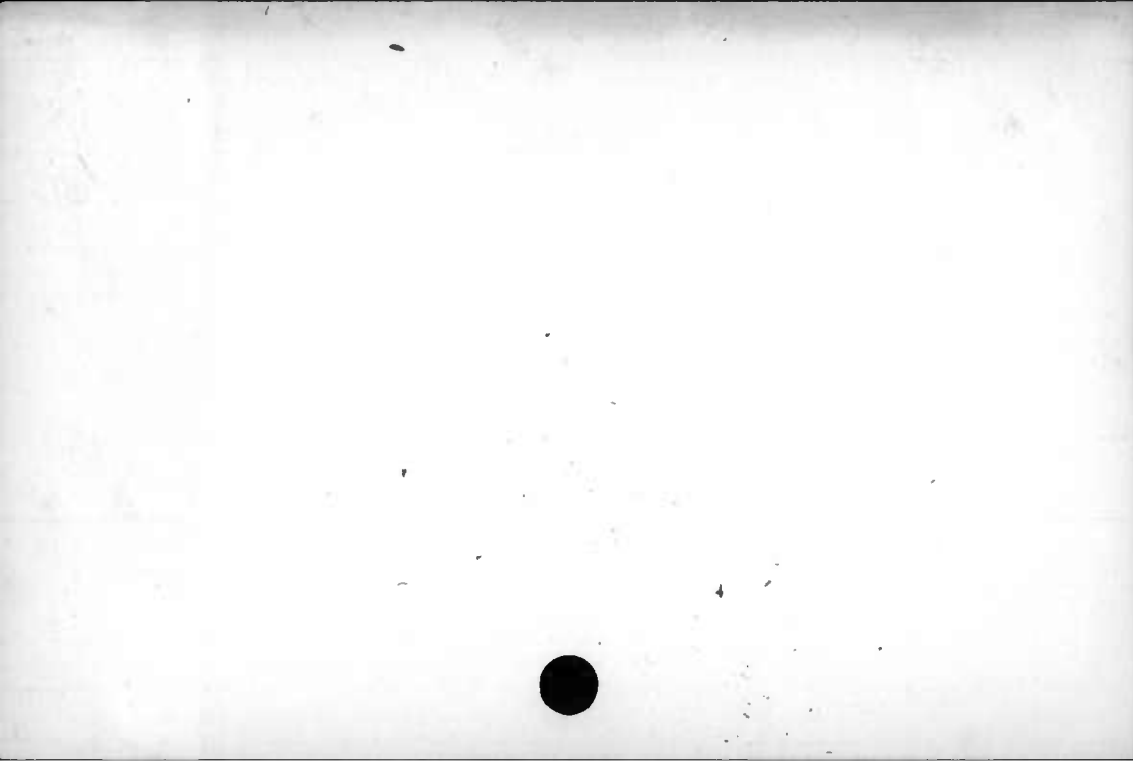
Died at		Town <i>Taylor's Bend</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Sept.	20	50			
Sex		Color or Race		Birth-place			
Female		African		Unknown			
Occupation		Where Residing if not at place of death					
Domestic		Thomas Thompson					
Married, Single or Widowed		Name of Wife or Husband					
Single		Thomas Thompson					
Father's Name		Father's Birthplace					
Unknown		Unknown					
Mother's Maiden Name		Mother's Birthplace					
Unknown		Unknown					
Name of person giving information		How related to deceased					
Thomas Thompson		Husband					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary		How long	
Unknown		3 days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Thos. W. Cape forbes, Jr.	
		Address	
		Taylor's Bend Md.	
Accident or Suicide?			
9			



Name
in
Full

Edward K. Todd & Mary E. Todd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

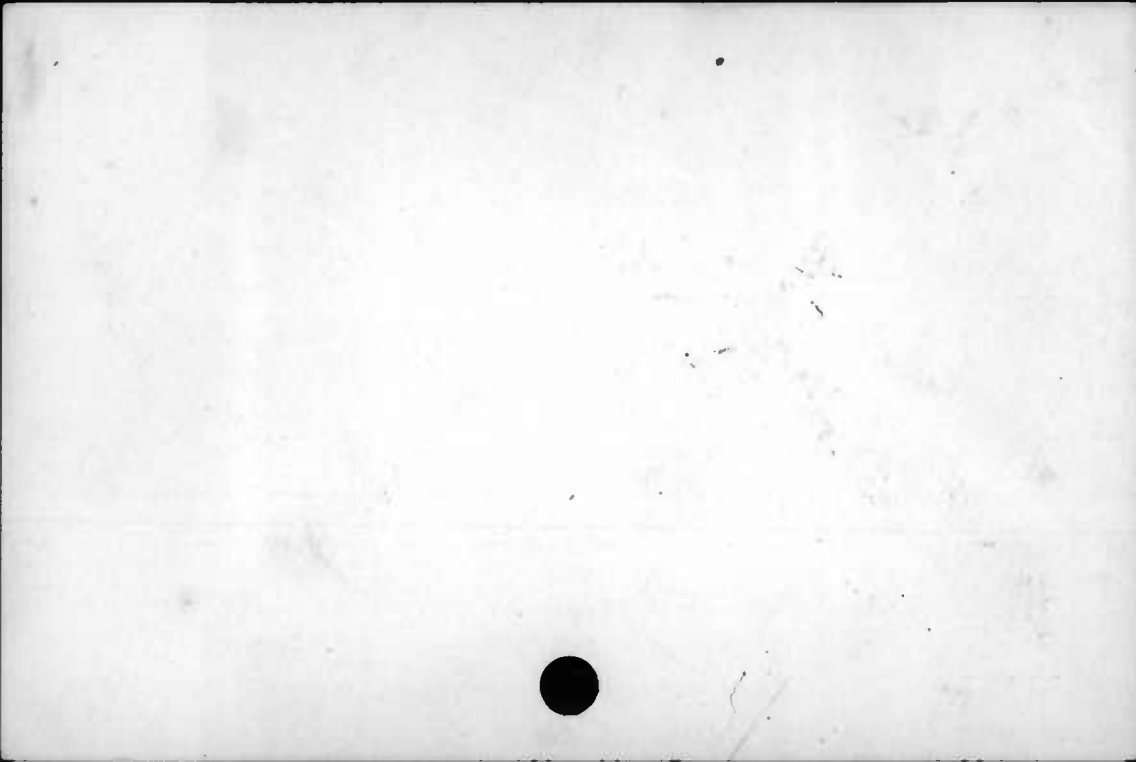
Died at <u>Cambridge</u> ^{Town}		<u>Marchester</u> ^{County}		MARYLAND	
Date of death	<u>1907</u> ^{Year}	<u>Sept</u> ^{Month}	<u>27</u> ^{Day}	<u>20</u> ^{Years}	<u>20</u> ^{Months}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Ma</u>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia (with</u>	How long	<u>2 or 3 weeks</u>
Immediate	<u>don't know</u>	How long	<u>don't know</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>John W. [unclear]</u>	
<u>May 8</u>		Address	
<u>2</u>		<u>Cambridge, Md.</u>	
Accident or Suicide?		<u>William B. [unclear]</u>	



Name
in
Full

CERTIFICATE OF DEATH

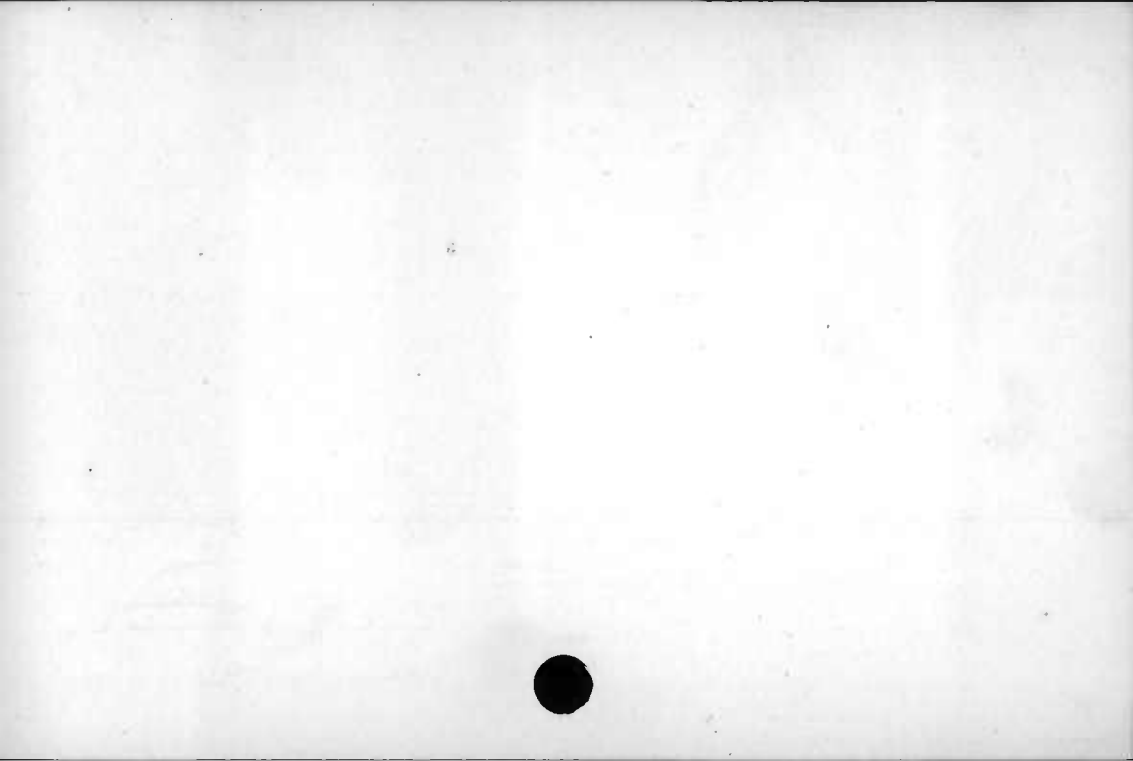
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Mary E. Lord</i>		Town <i>Cann bridge</i>		County		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1907 Sept. 27</i>		<i>-</i>		<i>20</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Amos D. Lord</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary E. Fry</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Mary E. Lord</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	<i>151</i>	How long <i>2 or 3 wks</i>
Immediate	<i>Unknown</i>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Mac</i>	
		Address <i>Cann bridge Ind</i>	
Accident or Suicide? <i>9</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

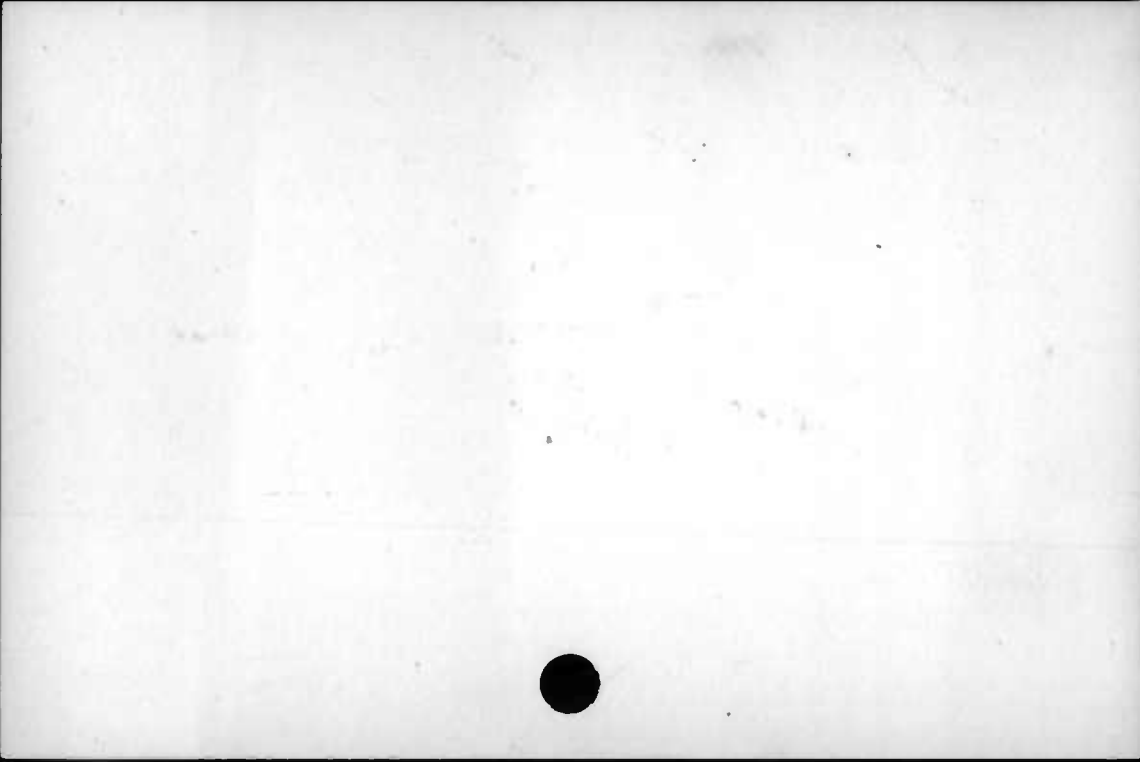
Died at <i>Cambridge</i> ^{Town}			<i>Dorchester</i> ^{County}			MARYLAND		
Date of death <i>1907</i>		<i>7</i> ^{Month}	<i>3</i> ^{Day}	Age <i>—</i> ^{Years}		<i>8</i> ^{Months}		<i>—</i> ^{Days}
Sex <i>Male</i>			Color or Race <i>White</i>			Birth-place <i>Maryland</i>		
Occupation <i>none</i>				Where Residing if not at place of death <i>Cambridge Md.</i>				
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>				
Father's Name <i>Daniel D. Travers</i>				Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Maggie M. Burton</i>				Mother's Birthplace <i>"</i>				
Name of person giving information <i>Daniel D. Travers</i>				How related to deceased <i>Father</i>				

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>		How long <i>all of life</i>
Immediate <i>Gradual exhaustion</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Lucy Stuck</i>
		Address <i>Cambridge Md.</i>
Accident or Suicide? <i>9</i>		



Name
in
Full

Norton Van Dyne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

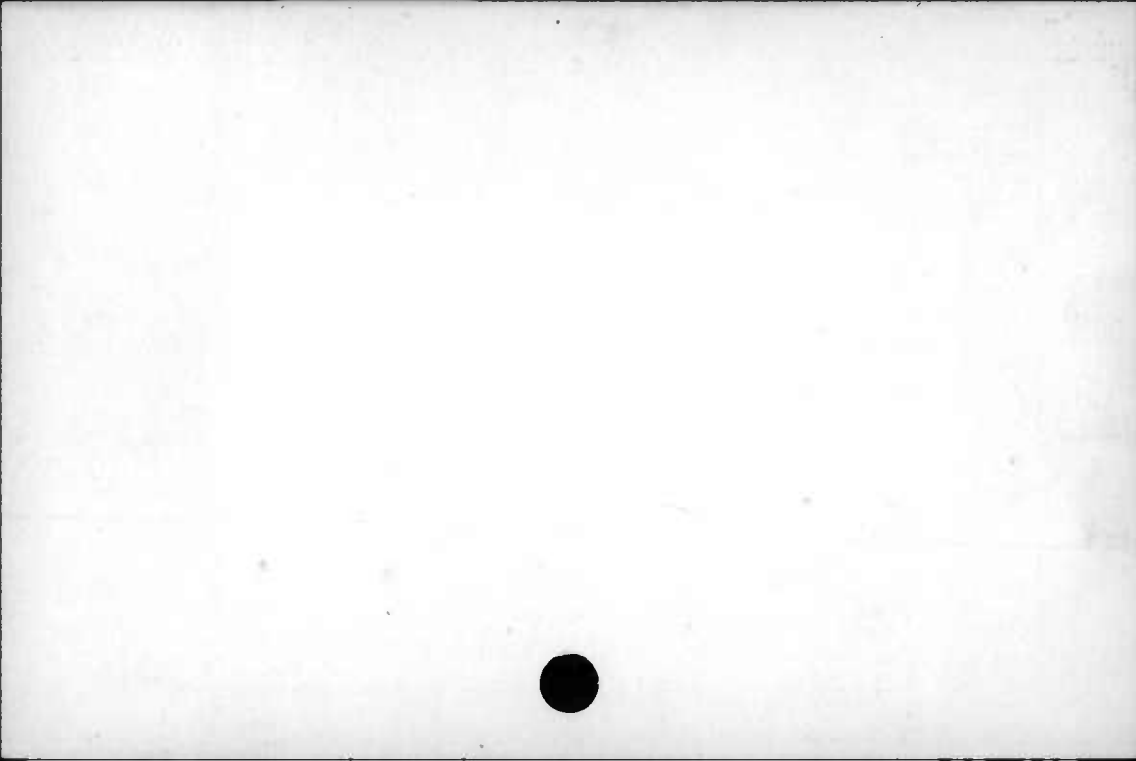
Died at <i>Secretary</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>90</i>	Day	<i>18</i>
Age		<i>66</i>		Months	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>N. Y. State</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single Widowed	Name of Wife or Husband		<i>Nellie Van Dyne</i>		
Father's Name	<i>John Van Dyne</i>		Father's Birthplace	<i>N.Y.</i>	
Mother's Maiden Name	<i>don't know</i>		Mother's Birthplace		
Name of person giving information	<i>W. R. Hurst</i>		How related to deceased	<i>Friend</i>	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>one year</i>
Immediate	<i>Coma</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Edward L. Jones</i>	
		Address	
		<i>East New Market, Md.</i>	
Accident or Suicide?			
<i>no</i>			



Name
in
Full

Adrene Warfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Lloyds

Town

County

Storches

Date

of death 1907

Month

Sept

Day

4

Age

Years

16

Months

2

Days

Sex

Female

Color or
Race

Negro

Birth-
place

Lloyds

Occupation

Housework

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Henry Warfield

Father's
Birthplace

Gov. Co Ind

Mother's
Maiden Name

Hennicka Ward

Mother's
Birthplace

Gov Co Ind

Name of person giving
In formation

R Dennis

How related
to deceased

B. in law

CAUSES OF DEATH

Primary

Typhoid fever

How long

2 week

Immediate

B. pneumonia

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

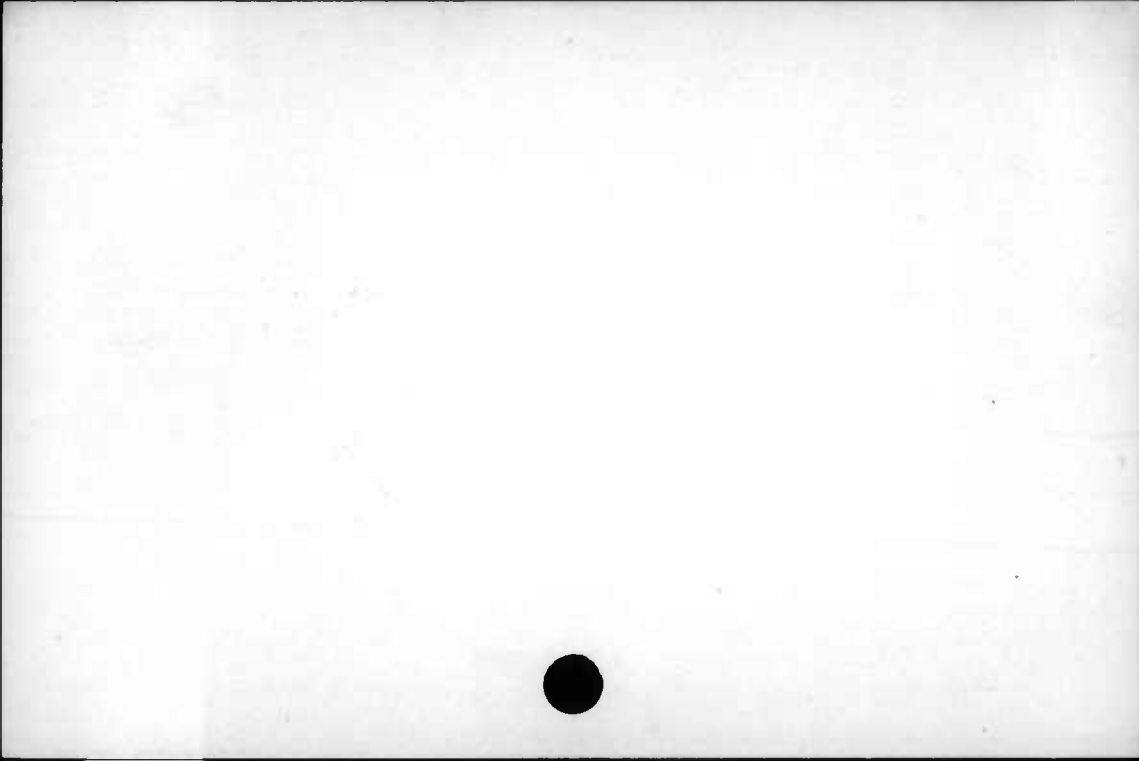
S. A. Stokes

Address

Rt 6 - Cambridge

Accident or Suicide?

I



Name
in
Full

Mamie E Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Eldorado		County		Worcester		MARYLAND	
Date of death	1907	Month	Sept	Day	2nd	Age	29	Months	2
Sex	Female		Color or Race	White		Birth-place	Md		
Occupation	Housewife			Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband						
Father's Name			Isaac F. Taylor				Father's Birthplace		
Mother's Maiden Name			Elizabeth Pusley				Mother's Birthplace		
Name of person giving information			Howard Bennett				How related to deceased		
							Brother in law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long	2 weeks
Immediate	Intestinal Hemorrhage	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. H. Maguire	
Address		Hudon Md	
Accident or Suicide?		No	



Name
in
Full

Dufaur Jasper Wille

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stambridge</u> ^{Town}		<u>Sanchester</u> ^{County}		MARYLAND	
Date of death	1907	Month	Sep	Day	28
Age	Years		Months		Days
Sex	Female		Color or Race	White	
Occupation	Dufaur		Birth-place	Maryland	
Where Residing if not at place of death					
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	Jasper Wille		Father's Birthplace	Stambridge Md	
Mother's Maiden Name	Sala Wille		Mother's Birthplace	Stambridge Md	
Name of person giving information	Father		How related to deceased	Father	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	no medical attendance	How long	unknown
Immediate	unknown	How long	unknown
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. H. Blane
		Address	Vienna Md.
Accident or Suicide?	Q		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

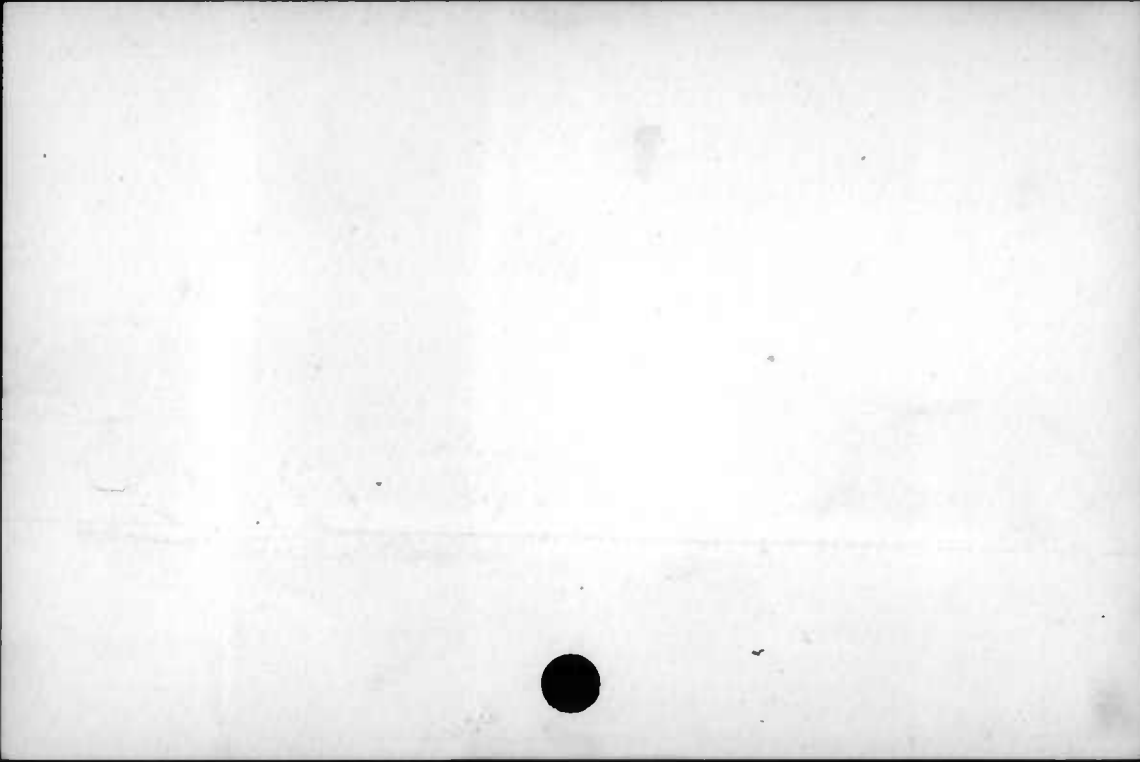
Not named, Williams
Town County
Died at Williamsburg Chesapeake
Date of death 1907 Sept 9th Age 3 Months Days
Sex Female Color or Race white Birth-place Md
Occupation Bookbinder Where Residing if not at place of death -
Married, Single or Widowed Single Name of Wife or Husband -
Father's Name John Williams Father's Birthplace Md
Mother's Maiden Name Lydia Rowens Mother's Birthplace Md
Name of person giving information John Williams How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Incontinence How long 2 months
Immediate Convulsions How long 2 hours
Are the name, age, sex, color, date and place correctly given above? ☒
Signature of Physician Dr. Maguire
Address Hurlboks Md
Accident or Suicide? ☒



Name
in
Full

William Westly Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambodge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	1907	Month	9	Day	10
Sex	male	Color or Race	colored	Age	10
Birthplace	<i>Cambodge</i>				
Occupation	—		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>John Young</i>		Father's Birthplace <i>Cambodge</i>	
Mother's Maiden Name		<i>Blair Martineau</i>		Mother's Birthplace <i>Cambodge</i>	
Name of person giving information		<i>Father John Young</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Pneumonia</i>	How long	<i>2 weeks</i>
Immediate	<i>As the cause</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Martin W. Lobsbrough</i>	
		Address	
		<i>Cambodge</i>	
Accident or Suicide?			
<i>Q</i>			

